

**REHABILITATION LOAN PROGRAM
PENSION/RETIREMENT VERIFICATION**

Applicant,

Complete name & address of company from which pension/retirement is received:

(Company Name) (Phone)

(Address)

Part I: To be completed by Applicant

I, _____ living at
(First Name) (Last Name)

_____, Hutchinson, MN 55350
(Street)

do hereby give authorization to furnish the requesting party information regarding my pension or retirement monthly payment made to me. This information is required for income verification for application for a housing rehabilitation program. The information you provide will be private and only used in establishing eligibility.

(Signature) (Date)

Part II: To be completed by Company

Payment Amount: \$ _____ Issued: Monthly _____ Bi-Weekly _____ Weekly _____

Note any medical insurance deducted from monthly check \$ _____

Company Name: _____

Address: _____

Signature & Title of Person completing this form:

(Signature) (Title)

(Phone) (Date)

Please return to: Hutchinson HRA, 111 Hassan St SE, Hutchinson, MN 55350 Fax: 320-234-4240

If any questions call: Judy Flemming, Hutchinson HRA, (320)-234-4251.