Consolidated Homeless Fund (CHF)

Written Third Party Verification of Income

# This document is to certify the income received by the below named individual for purposes of participating in the CHF program. This information will be used only to determine the eligibility status and level of household benefit. Complete only the applicable section (employment income or payments and/or benefits).

## Applicant Release:

I hereby authorize the release of the following employment or payment and/or benefit information. Applicant Name:

Applicant Signature: Date:

## Employment Income

The person(s) named above is/are currently living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, streets/sidewalks or bus station.

The person named above is employed by since . He/she is paid

$ on a basis and is currently working an average of hours per . Please specify any additional compensation: Probability of continued employment:

Authorized Employer Representative Signature: Date: Name: Title: Address: Phone:

## Payment and/or Benefit Income

Complete one form for each distinct source of income for each adult member of household and attach supporting evidence to this form in case file.

Type of Payment or Benefit:

Social Security/SSI Public Assistance Alimony Payments Armed Forces Income

Pension/Retirement Unemployment Compensation Foster Care Payments

TANF

Workers Compensation Child Support Payments

Other (please specify):

Payments or benefits in the amount of $ are paid on a basis. The expected duration of the payments or benefits is: .

Authorized Payment Source Representative Signature: Date: Name: Title: Address: Phone:

## Please return this form to:

Name: Phone:

Title: Fax:

Address: Email:

# Updated 7/2017