

**ADAMS HOUSING REHABILITATION PROGRAM (Adams HRP)**

**MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT**

Town of Adams – 8 Park Street

Adams, MA 01220

Telephone: 413-743-8317

**ALIMONY INCOME VERIFICATION**

To:

Date:

From: Donna Cesan

Re:

Dear :

The individual referred above, or his/her landlord, has applied for Adams Housing Rehabilitation Program funding assistance. Requirements of the Massachusetts Community Development Block Grant mandate written certification of the applicant's/tenant's income. Please fill in the following information and return this form to us within one week. A stamped, self-addressed envelope is enclosed for your convenience. All information will be kept in strict confidence. Thank you.

Sincerely,

Donna E. Cesan,

Community Development Director

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I HEREBY GIVE PERMISSION TO RELEASE THE REQUESTED INFORMATION.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Social Security Number

\*\*\*\*\*

1. Name of person paying alimony: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Amount of alimony paid: \$ \_\_\_\_\_ per ( ) wk ( ) mo ( ) yr
4. Remarks: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Title \_\_\_\_\_