

ADAMS HOUSING REHABILITATION PROGRAM (Adams HRP)

MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT

Town of Adams – 8 Park Street

Adams, MA 01220

Telephone: 413-743-8317

PENSION & ANNUITY INQUIRY

To: **Town of Adams**

Date:

Re:

Dear Sir/Madam:

The individual referenced above, or his/her landlord, has applied for assistance under the Adams Housing Rehabilitation Program. The Adams HRP requires 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

Director

I HEREBY GIVE PERMISSION TO RELEASE THE REQUESTED INFORMATION.

Signature

Date

Social Security Number: _____

1. Group from which pension is received: _____

2. Group from which annuity is received: _____

3. Amount of monthly allotment from pension or annuity: \$ _____

Authorized Signature

Date

Title