

ADAMS HOUSING REHABILITATION PROGRAM (Adams HRP)

MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT

Town of Adams – 8 Park Street

Adams, MA 01220

Telephone: 413-743-8317

PUBLIC ASSISTANCE/WELFARE VERIFICATION

To: Department of Public Welfare
37 Main Street
Berkshire Plaza
North Adams, MA 01247

Date: _____

RE: _____

Dear Sir/Madam:

The individual referenced above, or his/her landlord, has applied for Adams Housing Rehabilitation Program funding assistance. Requirements of the Adams HRP 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,
Director

I HEREBY GIVE PERMISSION TO RELEASE THE REQUESTED INFORMATION.

Signature _____ Date

Social Security Number

1. Number in Family Household: _____
2. Type of Assistance & Monthly Rate of Assistance:

_____ Aid to Families with Dependent Children \$ _____
_____ General Assistance \$ _____

3. Total of public assistance given during the last 12 months: Total Monthly \$ _____
\$ _____

Authorized Signature

Date

Title

MSCP/FORMS/PUBWEL