

ADAMS HOUSING REHABILITATION PROGRAM (Adams HRP)

Funded by MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT

Town of Adams – 8 Park Street

Adams, MA 01220

Telephone: 413-743-8317

TO: Department of Health & Human Services
Social Security Administration
96 Marshall Street
North Adams, MA 01247

FROM: NAME: _____
ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

SOCIAL SECURITY CLAIM NUMBER: _____

Type of Benefits Received:

SSA _____
SSI _____

I hereby authorize the Social Security Administration to release information regarding the current amount of the Social Security and/or Supplemental Security Income benefits to the Community Development Department, Adams Housing Rehabilitation Program, for the purpose of determining my eligibility to participate in the program.

Signature of Applicant

Date

Please return this completed form to:

Donna E. Cesan, Director
Community Development Dept.
Town Hall, 8 Park Street
Adams, MA 01220-2039

(R:MCSP/FORMS/SOCSEC)