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

V.A. BENEFITS VERIFICATION

RE : _____ DATEOF BIRTH: _____

ADDRESS : _____, Adams, MA 01220

CLAIM # : _____ SERIAL # : _____
Selective Service #_____

INSURANCE POLICY #: _____ PAYMENT DUE DATE :_____

PLEASE CHECK THE FOLLOWING THAT APPLY : ( ) WORLD WAR I ;
( ) WORLD WAR II; ( ) KOREA; ( ) VIETNAM; ( ) OTHER: 1958 – 1960

Dear Sir/Madam:

The individual referenced above, or his/her landlord, has applied for an Adams Housing Rehabilitation Program grant. Since the grant monies are provided by the Massachusetts Community Development Block Grant Program, we are required to verify the applicant's/tenant's income.

In the spaces provided below, please indicate the amount, type, and expiration date of all benefits and payments received by this individual from your agency, and return this letter to us as soon as possible. A self-addressed stamped envelope is enclosed. We will keep this information in strict confidence and use it only for the purpose of determining eligibility for an Adams HRP grant.

Sincerely,

Donna E. Cesan,
Director

****

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION ABOVE.

_____ _____
Applicant's Signature Date

****

1. Periods of Active Duty : From_____To_____;From_____To_____.

2. Allowance for education or training: ( ) school; ( ) on-the-job.
Monthly amount: $_____. Effective date of current award:_____.
Ending date:_____. Name of Training Institution :_____
_____. Name and Address of Employer:_____
_____

3. Compensation (service connected): ( ) disability; ( ) death; ( ) dependency and indemnity. Pension (non-service connected) : ( ) disability; ( ) death. Effective date of current award:_____; monthly amount: $_____.

4. Other Payments (monthly insurance, etc.) : _____; monthly amount : $_____.

5. Changes: If any change is contemplated, check here ( ) and explain the changes below.

6. Remarks (if any) : _____

_____

_____

_____ _____

Authorized Signature/Title Date