VERIFICATION OF SECTION 8 ELIGIBILITY

TO:	RE	E:	
		Name	
FROM:		Social Security Number	
		Thank you for your prompt response. All Please contact at ()	
		at ()	_ if you have any questions.
Release: I hereby authorize the re	if either the requesting organization or the or elease of the requested information. Inform which would require the owner to verify in	ELEASE OF INFORMATION organization supplying the information is left blue in obtained under this consent is limited to formation that is up to 5 years old, which would be in the information that is up to 5 years old, which would be in the information that is up to 5 years old, which would be in the information that is up to 5 years old, which would be in the information that is up to 5 years old, which would be in the information that is up to 5 years old, which would be into the information that is up to 5 years old, which would be into the information to 5 years old, which would be into the information that is up to 5 years old, which would be into the information that is up to 5 years old, which would be into the information that is up to 5 years old, which would be into the information that is up to 5 years old, which would be into the information that is up to 5 years old, which would be into the information that is up to 5 years old, which would be into the information that is up to 5 years old, which would be into the information that is up to 5 years old, which would be into the information that is up to 5 years old, which would be into the information that it is up to 5 years old, which would be into the information that it is up to 5 years old, which would be into the information that it is up to 5 years old.	information that is no older than 12
	Signature	Date	
		D BY LOCAL HOUSING AUTHOR	ITY
	have the following written stateme	-5 2(b)(vii), September 2, 1992, the land on file from the local housing autho, residing in a# of	rity:
located at		, County of	is receiving
Section 8 of the United Stat		, county of	, is receiving
gross annual inco 2.	ome amount until	ne (re)certification. We are unable to particular to parti	is expected to be complete The and is
	Local Housing Author	ity	
Signature:		Date:	
Print your name:			
Title:		Tel. #:	
Name of HRA/PHA:			
Address			

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

Verification of Section 8 Eligibility

MN Housing 1/13