

# PENSION OR WORKERS COMPENSATION VERIFICATION

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Claim number)

RE: \_\_\_\_\_  
(Client or Employee)

\_\_\_\_\_  
(Social Security Number)

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The person listed above has indicated that he or she is receiving payments from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Management Agent

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You are hereby authorized to furnish all information requested on this inquiry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## WORKERS COMPENSATION INFORMATION:

Payments to Employee \$ \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Weeks or amount still to be paid \_\_\_\_\_

Effective date: \_\_\_\_\_ Ending date (if known): \_\_\_\_\_

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## PENSION INFORMATION:

Retirement Pension Number \_\_\_\_\_

Current Gross Monthly Retirement Income \$ \_\_\_\_\_

Total Gross Pension Income expected for the next 12 months \$ \_\_\_\_\_

Remarks: (Please indicate any anticipated changes.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Please Return Form To:

\_\_\_\_\_  
(Name and title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)