

VERIFICATION OF INSURANCE CLAIM

Dear Sirs:

I have made an application to the Department of Community Services, Section 8 Housing Assistance Payments Program, for assistance.

I hereby grant authorization to furnish the information requested and will appreciate your forwarding the completed form.

Signature of Applicant

Date: _____

To: City and County of Honolulu
Department of Community Services
842 Bethel Street, 1st Floor
Honolulu, HI 96813

Subject: Insurance Claim

Applicant: _____

Address: _____

Social Security Number: _____

Weekly/Monthly Benefits Amount: \$ _____

Maximum Benefits Payable: \$ _____

Benefit Year Ending Date: _____

Is claimant currently receiving benefits: Yes _____ No _____

Date payment started: _____

Total benefits paid: From: _____ to _____

Remarks: _____

By: _____

Date: _____