

VERIFICATION OF RETIREMENT INCOME

Dear Sirs:

I have applied at the Department of Community Services (DCS), Section 8 Housing Assistance Payments Program, for rental assistance.

I hereby authorize you to furnish the information requested. Please forward the completed form to DCS.

Soc Security No: _____

Signature of Applicant

Date: _____

Do Not Detach

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

Applicant: _____

Monthly Gross Income: \$ _____

Monthly Deductions: \$ _____

Monthly Net Income: \$ _____

Company/Agency

By: _____
Representative's Signature

Print Name and Title: _____

Address: _____

Date: _____

Phone: _____