

CITY OF BELLE GLADE VERIFICATION OF SOCIAL SECURITY BENEFITS



ATTN: HUMAN RESOURCES
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TO: (NAME & ADDRESS OF SERVICING AGENT)	SOCIAL SECURITY DATA
<p><u>SOCIAL SECURITY ADMINISTRATION</u></p> <p><u>925 SE 1ST STREET</u></p> <p><u>BELLE GLADE, FL 33403</u></p> <p>_____</p> <p>AUTHORIZATION: THE CITY OF BELLE GLADE is required to verify Social Security Benefit Income of all members of the household applying for participation in the City of Belle Glade First Time Home Buyer Program, which we operate, and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Member Name: _____</p> <p>Social Security No.: _____</p> <p>Type of Benefit Receiving: _____</p> <p>_____ Date of birth</p> <p>_____ Gross monthly Social Security Benefit amount, type of benefit</p> <p>_____ Gross monthly Supplemental Security income payment amount (including State supplement), type of benefit</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(SIGNATURE OF APPLICANT)</p> <p>DATE: _____</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>TITLE: _____</p> <p>DATE: _____</p> <p>TELEPHONE: _____</p>
<p>WARNING: 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.</p>	