CITY OF BELLE GLADE
VERIFICATION OF PUBLIC ASSISTANCE INCOME

ATTN: HUMAN RESOURCES
110 DR. MARTIN LUTHER KING JR. BLVD. WEST
BELLE GLADE, FL 33430-3900
PHONE: 561-996-0100
FAX: 561-993-1813

TO: **(NAME & ADDRESS OF SERVICING AGENT)**

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AUTHORIZATION: The City of Belle Glade is required to verify Public Assistance Income of all members of the household applying for participation in the 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.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RELEASE: I hereby authorize the release of the requested information.

_____
(SIGNATURE OF APPLICANT) ROBERT SELLERS, JR.

DATE: _____

_____
(SIGNATURE OF APPLICANT) LAVERNA SELLERS

DATE: _____

PUBLIC ASSISTANCE DATA	**RATE PER MONTH**
Number in family: _____	
Aid to families with Dependent Children	$_____
General Assistance	$_____
Does this amount include court-awarded support payments? ☐ Yes ☐ No	
Amount specifically designated for shelter and utilities	$_____
Other assistance—type: _____	$_____
Total Monthly Grant	$_____
Other income—Sources: _____	$_____
Maximum allowance for rent and utilities (as-paid States)	$_____
Amount of public assistance received during past 12 months	$_____

Signature of _____ or Authorized Representative

_____

TITLE: _____

DATE: _____

TELEPHONE: _____

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.