
AUTHORIZATION: Federal Regulations require the Community Development Agency to verify Pension and Annuities income of all members of the household applying for participation in the 2010 DPA Loan Program. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information is appreciated. A copy of the applicant's Authorization of Release of Information is attached.

Name of Recipient: _____ DOB: _____

Pension or Annuity Company Name: _____

Current gross monthly amount of pension or annuity: \$ _____

Deductions from gross for medical insurance premiums: \$ _____

Date of initial aware: _____

Effective date of current amount: _____

Contributions to company retirement/pension fund: \$ _____

Amount received in Lump Sum: \$ _____

Signature of Authorized Representative

Title

Telephone Number

Date

WARNING: Title 18, Section 1001 of the US 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 State Government.