

**PENSION AND ANNUITY VERIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TEL.#: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_  
DEVELOPMENT NAME Port Terrace Apartments  
APPLICANT/RESIDENT: \_\_\_\_\_  
BENEFICIARY: \_\_\_\_\_  
PLAN NUMBER: \_\_\_\_\_

FROM: Port Terrace Apartments  
1587 W. Port View Drive.  
Port Washington, WI 53074  
TEL.#: 262-284-4477  
FAX.#: 262-284-4476

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Social Security Number(s)

**TO BE COMPLETED BY PENSION/ANNUITY SPONSOR:**

1. Name of Plan or Annuity \_\_\_\_\_
2. **GROSS** Monthly Payment from Pension or Annuity: \$ \_\_\_\_\_
3. Deductions for Medical Insurance Premiums: \$ \_\_\_\_\_
4. Date of Initial Award: \_\_\_\_\_
5. Effective Date of Current Award: \_\_\_\_\_

Please comment on any contemplated changes that will affect the amount of the award or benefit in the next 12 months. If beneficiary is not receiving payments, please state the current asset value, interest rate, and penalty for early withdrawal.

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

Signature of Person Verifying Information: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

**FORM # 7**



OPPORTUNITY