



# WAUKEGAN HOUSING AUTHORITY

## PENSION VERIFICATION

*Executive Director/CEO*  
Charles J. Chambers, Jr.

*Chairman*  
Eleanor Murkey

*Vice-Chairman*  
Michelle Obleton

*Commissioners*  
Kittie Harden  
Juan Martinez  
Jesus Gerena

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

Company: \_\_\_\_\_

Applicant/Participant Name/Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date

The Waukegan Housing Authority is required to obtain all information concerning the income of applicant/participant in order to determine their eligibility for rental assistance. Waukegan Housing Authority would appreciate you supplying the following information requested below.

I hereby authorize the release of the following requested information to the Waukegan Housing Authority regarding any Township and/or Pension benefits.

.....  
**PLEASE DO NOT COMPLETE ANYTHING BELOW THIS LINE**  
.....

**To be completed by the Representative:**

The above named person receives monthly or weekly payments of:

\$ \_\_\_\_\_ From: \_\_\_\_\_

Detail: \_\_\_\_\_

Deduction: \$ \_\_\_\_\_ For: \_\_\_\_\_

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Title

Initial Intake \_\_\_\_\_ Participant Certification Month \_\_\_\_\_ Interim \_\_\_\_\_