



WAUKEGAN HOUSING AUTHORITY

SOCIAL SECURITY VERIFICATION

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Date: _____

Applicant/Participant

Social Security Administration
1930 N. Lewis Ave.
Waukegan, IL 60085

Name: _____

Address: _____

City/St/Zip: _____

Social Security #: _____ - _____ - _____

The Social Security Administration is hereby authorized to release the requested information to the Waukegan Housing Authority as required by the Department of Housing and Urban Development (HUD).

Applicant Signature

Date

STOP.....PLEASE DO NOT COMPLETE ANYTHING BELOW THE DOTTED LINE

Please complete the following:

Status:

_____ Child _____ Widow _____ Eligible by Age _____ Eligible by Disability

Date benefits started: _____

Amount of benefits (Medicare Included): _____

Medicare Premium: _____

Amount of Social Security: _____

Claimant Date of Birth: _____

SS Administrator Signature/Title

Date

Initial Intake _____ Participant Certification Month _____ Interim _____