



WAUKEGAN HOUSING AUTHORITY

TOWNSHIP AND/OR PENSION VERIFICATION

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Date: _____

Name: _____

Address: _____

City/State/Zip _____

Social Security Number _____ Date of Birth _____

Signature: _____ Date: _____

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

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

Please complete the following:

The above named person receives monthly/weekly payments of :

\$ _____ From/For _____
(Gross Payment)

Deductions: \$ _____ for: _____

Agency

Signature

Date

Title

Please return to _____ at fax number 847-244-8591.

Annual _____ Adjustment _____ New Applicant _____