



Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

TOWNSHIP VERIFICATION

Date: _____

Company

Waukegan Township
149 South Genesee Street
Waukegan, IL 60085

Applicant/Participant

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 applicants/participants 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 complete the following:

The above named person receives monthly or weekly payments of:

\$ _____ From/For: _____

Detail: _____

Deduction: \$ _____ For: _____

Agency

Date/Signature/Title

Initial Intake _____ **Participant Certification Month** _____ **Interim** _____