

**CITY OF MIDLAND, SENIOR HOUSING -- INCOME VERIFICATION FORM**

**RIVERSIDE PLACE**  
400 East Main Street  
Midland, Michigan 48640

**WASHINGTON WOODS**  
821 Cambridge Street  
Midland, Michigan 48642

**COMPANY OR INSTITUTION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**THIS IS A REQUEST FOR VERIFICATION OF  
INCOME FROM RETIREMENT OR DISABILITY  
BENEFITS (OTHER THAN SOCIAL SECURITY).**

**APPLICANT'S NAME** \_\_\_\_\_ (Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

**APPLICANT – PLEASE FILL OUT THE INFORMATION ABOVE AND FORWARD TO COMPANY SENDING PENSION**  
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**COMPANY – PLEASE FILL IN THE INFORMATION BELOW AND RETURN TO THE ADDRESS BELOW.**

The person whose name and address are given above has applied for a dwelling unit in the City of Midland Senior Housing Apartment facility. One of the requirements to be eligible for admission is that an applicant must verify the amount of income derived from retirement or disability benefits. The information requested below is for the purpose of determining eligibility and/or the amount of rent to be paid by the tenant. The information will be kept in strict confidence. Thank you for your cooperation in behalf of this retiree.

**Retirement Benefits**       **V.A. Benefits**       **Disability Benefits**

The benefits for the applicant named above are as follows:

Total for the past 12 months      \$ \_\_\_\_\_

Total at present      \$ \_\_\_\_\_

Anticipated in the next 12 months      \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Verifier

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

RETURN to **Washington Woods** or **Riverside Place** at the above address.