



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

Please complete and return to requesting Department (see above Fax #'s)

VERIFICATION OF VETERANS BENEFITS

Veterans Services
541 Ledbetter Rd
Xenia OH 45385

APPL# _____

I, the undersigned, hereby authorize the release the information requested below. SEE ATTACHED RELEASE

NAME: _____ SS#: _____

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

TO BE COMPLETED BY VETREANS SERVICES OFFICIAL

Date of initial award: _____

Effective date of current benefit amount: _____

Gross monthly rate \$ _____

This amount will increase to \$ _____ effective _____

Current monthly deductions for medical expenses \$ _____

These monthly medical expenses will increase to \$ _____ effective _____

I certify that the above information is true and correct.

Name of Representative

Name of pension fund

Title of Representative

Telephone

Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**