

Form 79
Verification of Income (Social Security Benefits)

_____ (Date)
 _____ (Social Security Office)
 _____ (Address)
 _____ (Address)

RE: Income Verification to Determine Eligibility for Utility Connection Assistance

 (Beneficiary's name)

To Whom It May Concern:

The above -referenced person has applied for assistance to connect their residence to the _____ (Grantee) _____ (Utility) system. Funds for this connection are being provided through an Arkansas Community and Economic Development Program grant to the _____ (City/County).

_____ (Name of applicant) has authorized the _____ (City/County) to obtain verification of income from your office. This person has stated that he/she is entitled to Social Security, Supplemental Security Income and/or Medicare or is a representative payee for other beneficiaries.

Please furnish the information requested below and return to me at the above address in the enclosed envelope. All information will be kept confidential.

Sincerely,

_____ (Grantee's representative)
 _____ (Signature of applicant)

Beneficiary	Type of Benefit	Claim/ID Number

Name	Monthly Social Security Benefit	Supplemental Security Benefit	Other