

To: Social Security Administration

From: _____

Social Security Number: _____

Signature _____

Dear Social Security Administrator:

By my signature above, I agreed to the release of the following information by the Social Security Administration to:

Health Resources of Arkansas
P.O. Box 2578
Batesville, AR 72503
Attn: Department of Housing

Note: This information will be used to determine eligibility and rental charge in a Federally subsidized Housing Property.

Information Needed: Please complete all sections

Effective date of benefit: _____

Effective date of current benefit: _____

Amount of Benefit

Gross Social Security: \$ _____

Medicare Deduction: \$ _____

Net Social Security: \$ _____

Supplemental Security Income: \$ _____

Benefit for Dependent Children: \$ _____

Type of Benefit

Elderly _____ Disability _____ Survivors _____

Age: _____ Date of Birth _____

Thank you for your time, effort and prompt attention to this matter.