



Housing Verification Form

CLIENT INFORMATION REQUEST FOR HOUSING VERIFICATION

Client's Name:

Address:

Social Security Number: Date of Birth:

I authorize release of the information below for the purpose of determining eligibility for housing.

Client's Signature

Date

HOUSING AGENCY

Housing Agency:

Address:

Phone Number:

Email:



DELAWARE HEALTH AND SOCIAL SERVICES

DSS OFFICE USE ONLY

Type of Assistance:

- ☐ Medical Assistance
- ☐ Childcare
- ☐ TANF (Temporary Assistance for Needy Families)
- ☐ TANF Supplement
- ☐ Child Support Disregard Payment (not to exceed \$50)
- ☐ General Assistance
- ☐ Food Benefits

Monthly Amount

Effective Date

Total: \$

Comments:

Social Worker/Case Manager:

Date: