



5844 S. Curtice St.  
Littleton, CO 80120  
Phone 303-347-9755  
Fax 303-347-3064

### Pension Verification Form

I hereby grant you permission to disclose information regarding my pension benefits to the Libby Bortz Assisted Living Center in order to determine income eligibility for rental of an apartment in the development which has received a "low income housing tax credit" allocation from the Colorado Housing and Finance Authority.

\_\_\_\_\_  
Name of Resident

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

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

Please send to Institution of Declared Pension:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Resident do not fill out anything below this line for 3<sup>rd</sup> Party Verification Only!**

Name of Pension

Monthly Gross Benefit

Annual Benefit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

