



Imputed Welfare Income Verification Form

Public Assistance Office

(date)

RE: Reason for Reduction in Public Assistance Benefits

Client Name: _____

Client Address: _____

Social Security Number: _____

Dear _____:

The individual named above has reported a reduction in public assistance benefits and requested a reduction in rent. The Quality Housing and Work Responsibility Act of 1998 requires that we verify in writing whether the reduction in benefits is because of one of the reasons listed below. Please review these statements and check whichever is the case for this individual:

_____ Benefits have been reduced because the named individual committed welfare fraud; or

_____ Benefits have been reduced because the named individual has not participated in required economic self-sufficiency activities; or

_____ Benefits have been reduced for some other reason. Please specify:

The amount by which benefits will be cut is \$ _____ per month, resulting in a new monthly benefit of \$ _____ . The number of months that this benefit reduction will apply is _____ months.

Thank you for your cooperation.

Sincerely;

Property Manager