



ROSEVILLE HOUSING AUTHORITY
316 VERNON STREET, STE. 150 • ROSEVILLE, CA 95678
(916) 774-5270 • TDD (916) 774-5220 • FAX (916) 746-1295

DISABILITY INSURANCE BENEFITS VERIFICATION

I, _____, do hereby authorize the Employment Development Department to release information regarding my Disability Insurance Benefits to the Roseville Housing Authority. This information is necessary for determining eligibility for my household under the Roseville Housing Authority's Housing Choice Voucher Rental Assistance Program.

Social Security #: _____

Signed: _____

Dated: _____

Applicant/Participant: Complete above portion only & return this form to Roseville Housing Authority

EMPLOYMENT DEVELOPMENT:

Please complete and return this form to the person listed below. Thank you for your cooperation.

Date benefits started: _____

Date benefits scheduled to end: _____

Amount of weekly benefits currently authorized: \$ _____

Total number of weeks current benefits are authorized for: _____

Person completing this form: _____

Title: _____ Date: _____

Please return this form to: Roseville Housing Authority
316 Vernon Street, Ste. 150
Roseville, CA 95678
or Fax: (916) 746-1295

Attn: _____
Program Technician