



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

PENSION VERIFICATION AUTHORIZATION

I, _____, DO HEREBY AUTHORIZE:

PENSION PLAN NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ Fax: _____

TO RELEASE INFORMATION REGARDING MY PENSION PLAN BENEFITS TO THE ROSEVILLE HOUSING AUTHORITY.

LAST 4 NUMBERS OF SOCIAL SEC. #: _____

SIGNED: _____

DATED: _____

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

INFORMATION TO BE ENTERED BY THE PENSION PROVIDER ONLY

<u>Type of Benefits</u>	<u>Rate per Month</u>		
	Beneficiary	Spouse	Children
Gross Pension Benefits:	_____	_____	_____
Medicare Deduction, if any:	_____	_____	_____
Net Amount of Pension:	_____	_____	_____
Effective (date):	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____ Phone: _____

Please return this form to:
Attn: _____

Roseville Housing Authority
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Roseville, CA 95678
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