



Scottsdale Housing Agency  
 Paiute Neighborhood Center  
 6535 E. Osborn Rd., Bldg. 8  
 Scottsdale, AZ 85251

Phone 480-312-7717  
 Fax 480-312-7761  
 TDD 480-312-7411  
 Web [www.ScottsdaleAZ.gov](http://www.ScottsdaleAZ.gov) search "HCV"

**DES VERIFICATION**

**Department of Economic Security**  
 (report will be pulled by Housing Specialist)

\_\_\_\_\_  
 Applicant/Resident Name (PRINT)

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

\_\_\_\_\_  
 Case Number (must be 8 digits)

The individual named above is an applicant/resident for housing assistance, which is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period, and would appreciate your prompt response.** You may fax your response to our office at (480) 312-7761. If you have any questions, please feel free to contact our office at (480) 312-7717.

I, the undersigned, do hereby authorize the release of any and all information requested to Scottsdale Housing Agency.

\_\_\_\_\_  
 Applicant/Resident Signature

\_\_\_\_\_  
 Date

**TENANT COMPLETE TOP PORTION ONLY**

\*\*\*\*\*

**TO BE COMPLETED BY OFFICE PERSONNEL -- DO NOT DETACH**

		<b>START DATE</b>	<b>END DATE</b>
<b>Unemployment Benefits:</b>	\$ _____	_____	_____
<b>Wages Inquiry:</b>	\$ _____	_____	_____
<b>TANF/AFDC:</b>	\$ _____	_____	_____
<b>Food Stamps:</b>	\$ _____	_____	_____

If applicant reports income, please verify income and AFDC grant for past six months.

**\*\*MAY ATTACH COMPUTER PRINTOUT\*\***

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Phone

