



A Community Partner,  
Helping People to Help Themselves

# Walla Walla Housing Authority

501 Cayuse Street  
Walla Walla WA 99362  
509-527-4542 \* Fax 509-527-4574  
Hearing-impaired, please use relay service  
www.wallawallaha.org \* wwha@wallawallaha.org



## VERIFICATION OF PENSION & ANNUITY BENEFITS

*This form **MUST** be mailed or faxed. **DO NOT** hand-carry this form.*

<b>TO:</b> Name and address of Plan Administrator	<b>FROM:</b>  Walla Walla Housing Authority 501 Cayuse St Walla Walla, WA 99362 509-527-4542 * Fax 509-527-4574
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*The individual listed below has stated has s/he is receiving benefits from your agency. Information provided will be used solely to determine eligibility for occupancy.*

Applicant's Name: _____  Social Security Number: _____  My signature authorized release of the requested information on this inquiry:  _____ Applicants Signature
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### INFORMATION BEING REQUESTED

Gross Monthly Amount of Pension or Annuity:	\$ _____	
Date of Initial Award:	_____	
Effective Date of Current Amount:	_____	
Medical Insurance Premiums Deducted from Gross Monthly Benefit:	\$ _____	
I hereby certify that the statements above are true and complete to the best of my knowledge.		
_____ Authorized Signature	_____ Title	_____ Date
_____ Print Name	_____ Phone Number	