



Verification of Public Assistance

Applicant Name: _____ Co-Applicant Name: _____

Social Security Number(s): _____

Address: _____

RELEASE: I Hereby authorize Department of Human Services to release any and all information pertaining to my benefits received from or through DHS.

Applicant Signature: _____

Co-Applicant Signature: _____

Dear Department of Human Services,

We are requesting verification of Public Assistance for the individual(s) named above. Please complete the information and send it back to:

Habitat for Humanity Maui
ATTN: Family Services Manager
Address: 1162 Lower Main St. Wailuku, HI 96793
E-mail: info@habitat-maui.org **Fax:** (808)242-1141

The following computation is based on a _____ -member family, and computed on a monthly basis:

Public Assistance Monthly Payment

Basic and Special: \$ _____
Shelter Maximum: \$ _____
Less Sources of Income: \$ _____

Compensation

Workmen's Comp: \$ _____
Veteran's Benefits: \$ _____
Pension/ Retirement: \$ _____
DHS Recoup: \$ _____
SSI Supplemental Payment: \$ _____
SNAP/ Food Stamps: \$ _____

Source of Income

Salary and Wages: \$ _____
Social Security: \$ _____
Unemployment: \$ _____

Official Title: _____ Signature: _____

