



Web: www.gchabitat.org

E-mail: gchfh02@gmail.com

Phone: 651-327-2195

Mailing Address: 614 Plum St Red Wing, MN 55066

***PLEASE HAVE THIS FORM FILLED OUT BY YOUR SOCIAL SERVICES**
Verification of Public Assistance – if applicable

Date: _____

RE: _____
 (Applicant's Name)

Name of Social Service Administrator: _____

Name of Agency: _____

Address of Agency: _____

Phone Number: _____

Signature of Social Service Administrator: _____

Dear Social Service Administrator:

The above-named person has applied for housing through the Goodhue County Habitat for Humanity program and has signed below giving permission to contact you for verification of public assistance.

 (Applicant's Signature) _____ Date

 Printed Name of Signature Above

We would appreciate your help in answering the following questions:

Which services does this family receive?

	TANF <input type="checkbox"/> YES <input type="checkbox"/> NO	Food Stamps <input type="checkbox"/> YES <input type="checkbox"/> NO	Day Care Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO	SSDI <input type="checkbox"/> YES <input type="checkbox"/> NO	Child Support <input type="checkbox"/> YES <input type="checkbox"/> NO
When did the family begin receiving these benefits? (Month/year)					
How much per month does this family receive? (per month)					
When are these benefits up for review?					

Has the family faithfully represented their income to you since they have been receiving these benefits?

Yes No

If applicant receives a house from Habitat for Humanity's program, will this asset affect these benefits?

Yes No If yes, how? _____

Will the home be subject to a lien by the State of Minnesota? Yes No

Please provide a printout of the benefits received in the past month. Thank you for your assistance.

Please mail or deliver directly back to:

Goodhue County Habitat for Humanity, 614 Plum St. Red Wing, MN 55066

If you have any questions, please call GCHFH at (651) 327-2195.



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***PLEASE HAVE THIS FORM FILLED OUT BY YOUR EMPLOYER**

Date: _____ Employer Name: _____

RE: _____ Employer Address: _____
(Applicant's Name)

Dear Employer:

The above-named person has applied for housing through the Goodhue County Habitat for Humanity program and has signed below giving permission to contact you for employment verification.

(Applicant's Signature) _____ Date

Printed Name

We would appreciate your help in answering the following questions. Thank you for your assistance.

Applicant's dates of employment: From (month/year): _____ To (month/year): _____

Position: _____

Reason for leaving (if applicable): _____

Base pay (enter amount and indicate time period on which pay is based):

This person is paid Hourly \$ ____/hr Hours worked per week _____
 Salaried \$ _____ Circle: week month annual

Gross Earnings: For Current Year \$ _____ Date Range _____

For the previous year \$ _____ Date Range _____

Does/Did this person regularly receive overtime or bonuses?

YES NO If yes, please describe frequency and amount: _____

Printed Name/Title of Person Completing this Form: _____

Signature: _____ Phone Number: _____

Please mail or deliver directly back to:

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If you have any questions, please call GCHF, 651-327-2195.