

Income/Asset/Tax Match Authorization

All adult members of the household must sign this form.

I have read the attached letter and authorize the use of my Social Security number for the purpose described.

Head of Household

Social Security Number: _____

Name: (please print): _____

Address: _____

Signature: _____

Other adult (aged 18 and over) household members

1. Social Security Number: _____

Name (please print): _____

Signature: _____

2. Social Security Number: _____

Name (please print): _____

Signature: _____

3. Social Security Number: _____

Name (please print): _____

Signature: _____

4. Social Security Number: _____

Name (Please print): _____

Signature: _____