

**LOUDOUN COUNTY DEPARTMENT OF FAMILY SERVICES  
HOUSING CHOICE VOUCHER DIVISION  
102 HERITAGE WAY, NE, SUITE 103  
LEESBURG, VA 20176  
703-777-0353  
703-737-8895 FAX**



**VERIFICATION – LIFE INSURANCE**

This will authorize \_\_\_\_\_ to release the information requested below regarding my assets.

\_\_\_\_\_  
Full Name (Please Print or Type)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip

**TO WHOM IT MAY CONCERN:**

The individual named above is a resident/applicant for housing which has rents that are subsidized through the U.S. Department of Housing and Urban Development's Housing Choice Voucher Assistance Payment Program. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, expenses, and other information related to eligibility must be verified. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy. Thank you for your cooperation in completing those applicable portions of this inquiry and returning it in the enclosed, self-addressed envelope.

\_\_\_\_\_  
Meg Asaro, Housing Counselor  
Ursula Brinkley, Housing Counselor  
Christine Hillock, Housing Counselor  
Yasmina Turner, Bilingual Housing Counselor  
Tandi Hoffmann, Housing Counselor  
Cyndy Wyrick, Housing Counselor  
Antwaun Jackson, HCV Division Manager

\_\_\_\_\_  
Date

**We are required to verify the assets/income information pertaining to the above named person. We ask your cooperation by supplying the information requested below.**

Type of Account	Account Number	Type (whole or term)	Face Value at Issuance	Withdrawal Penalty	Cash value
Life Insurance				\$	\$
Life Insurance				\$	\$
Life Insurance				\$	\$
Life Insurance				\$	\$

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**