

**Bennington Housing Authority**  
**Tenant/Applicant**  
**Workers Compensation Income Verification Form**

To Whom It May Concern:

The person below is an applicant or current tenant with the Bennington Housing Authority. In order to properly calculate their rent/prospective rent, we need to include all monthly income, including workers compensation payments.

Please complete this form and return it to me as soon as possible. If you have any questions please call me at: 802-442-8000. Thanks for helping us to make affordable housing available.

Sincerely yours,

Name of BHA representative: \_\_\_\_\_

Name of Tenant/Applicant: \_\_\_\_\_

Current Address of Tenant/Applicant: \_\_\_\_\_

\_\_\_\_\_

Name of Insured Company(Employer): \_\_\_\_\_

Name of Insurance Company making payments: \_\_\_\_\_

First date Comp payments made to employee: \_\_\_\_\_

Last date (anticipated last date if applicable) payment made to Employee: \_\_\_\_\_

Benefit Amount paid to Employee: \$ \_\_\_\_\_

Benefit paid :  Weekly     Every other week     Other (please specify) \_\_\_\_\_

Date this form filled out: \_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_