**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.

Please return this form no later than . If there are more than four adults in your household, please continue on the back of this form.

**Head of Household**

Social Security Number:

Name (Please Print):

Signature:

**Other adult (aged 18 and over) household members**

1. Social Security Number:

Name (please print):

Signature:

1. Social Security Number:

Name (please print):

Signature:

1. Social Security Number:

Name (please print):

Signature:

1. Social Security Number:

Name (please print):

Signature:

1. Social Security Number:

Name (please print):

Signature:

**Other adult (aged 18 and over) household members continued**

1. Social Security Number:

Name (please print):

Signature:

1. Social Security Number:

Name (please print):

Signature:

1. Social Security Number:

Name (please print):

Signature: