

☐ Classification of Accounts

## SOCIAL SECURITY INFORMATION PURPOSE STATEMENT

Housing and Community Development Division and the Community Development Block Grant Program of St. Johns County collects your Social Security Number for one or more of the following purposes:

|              | Identification and Verification |   |
|--------------|---------------------------------|---|
|              | Credit Worthiness               |   |
|              | Billing and Payments            |   |
|              | Data Collection                 |   |
|              | Reconciliation                  |   |
|              | Tracking                        |   |
|              | Benefit Processing              |   |
|              | Tax Reporting                   |   |
|              | Accounts Payable                |   |
|              | Income Verification             |   |
|              | Other:                          |   |
|              |                                 |   |
|              |                                 | ure and have been informed why I am being |
| Signatur     |                                 | Date                                      |
| Signatur     |                                 | Date                                      |
|              |                                 |   |
| Printed Name |                                 |   |
|              |                                 |   |
|              |                                 |   |
|              |                                 |   |
|              |                                 |   |
| Witnesse     | ed by                           |   |
|              |                                 |   |