**Social Service Department**

55 Fruit Street, WACC 037

Boston, Massachusetts 02114

[Date]

[Mortgage Holder’s (Client/Patient) Name and Address]

Dear [Mortgage Company]:

The above mortgage holder is requesting rental assistance from the Massachusetts General Hospital Social Service Department. Please consider this letter a formal request for verification of mortgage.

Additionally, in order to write you a check for the mortgage, we need your Tax ID number. We appreciate you completing the form below and verifying the accuracy of the information that has already been provided. Please note that without this information we will not be able to provide financial assistance. This information can be returned via fax (617-726-7676) or emailed to the attention of the social worker named in the attached business card.

Thank you for your cooperation in this matter,

[Social Worker Signature]

[Social Worker’s Typed Name]

Massachusetts General Hospital

Social Service Department

|  |  |
| --- | --- |
| Mortgage Holder’s (Client/Patient) Name |  |
| Mortgage Holder’s (Client/Patient) Address |  |
| Monthly Mortgage $ |  |
| Mortgage Company’s Tax ID |  |
| Loan Number |  |