



HOUSING AUTHORITY OF THE CITY OF BASTROP

PO Box 707(mailing), 502 Farm Street (physical), Bastrop, TX 78602

PH: 512-321-3398 TTY: 1-800-735-2989 FAX: 512-303-0568

The Owner does not discriminate against persons with disabilities

CERTIFICATION OF CASH SUPPORT

Date: _____

Applicant/Participant: _____

Address: _____

For cash money received (Tenant):

I do hereby affirm that I receive the sum of: \$ _____ per [] week or [] month from:

Contributor's Name	Contributor's Address	City/State/Zip
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For: [] Support
 [] Support of his/her child or children:

NAME	Age

Print Name: _____ Phone (____) _____ Date _____

Signature: _____ Social Security Number: _____

Before me, the undersigned authority appeared _____ who under oath swears that the fore-going statement is true and correct.

Signed this _____ day of _____, _____ by me, the undersigned authority in and for the County of Bastrop, State of Texas.

Notary Public: _____

(NOTARY SEAL)

Date commission expires: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for the unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000.00. Any applicant or participant affected by negligent disclosure or information may bring civil action for damages, and seek other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the "Social Security Act at 208 (a) (6), U.S.C. 408 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C, 408 (a) (6), (7) and (8).



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VERIFICATION OF CASH SUPPORT

Date: _____

Tenant: _____

Address: _____

I have applied or receive housing assistance and understand that all household income must be reported. I have no objection to inquiries being made for the purpose of verification.

Signature of Applicant/Participant: _____

For cash money contributed:

I, _____, do hereby affirm that I contribute the sum of \$ _____ per [] week or [] month to:

Recipient's Name

Recipient's Address

For: [] Support
[] Support of his/her child or children:

NAME

Age

Print Name: _____ Phone (____) _____ Date _____

Signature: _____ Social Security Number: _____

Address: _____ City: _____ State _____ Zip _____

Before me, the undersigned authority appeared _____

who under oath swears that the fore-going statement is true and correct.

Signed this _____ day of _____, _____ by me, the undersigned authority in and for the County of Bastrop, State of Texas.

Notary Public: _____

(NOTARY SEAL)

Date commission expires: _____

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