



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

FOSTER CARE VERIFICATION

RE: Name: _____

Address: _____

The above-named person is an applicant for, or participant in, a federally-assisted housing program operated by the Housing Authority. In order to calculate family income, we need your assistance in completing this form. Foster Care payment is not considered as income in determining eligibility or rent under this program; however, documentation is required by the Housing Authority in order to verify foster children in the household and provision for their support.

Please fill out the form below and return it to the Bastrop Housing Authority at P.O. Box 707, Bastrop, Texas 78602 or fax it to 512-303-0568 within 5 days, it would be most appreciated.

Sincerely, _____ (Housing Authority Representative)

APPLICANT/TENANT RELEASE

I _____ hereby authorize the release of the requested information.

Signature

Date

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).

Certification

1. Is recipient's address the same as stated above? yes [] no []
If different, please give current address _____

2. Date foster care payment began _____

3. Recipient is currently receiving foster care payment for the following child(ren)

Signature _____ Date _____

Print Name and Title _____ Phone _____