



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

VERIFICATION OF TANF/FOOD STAMPS

To:

Department of Human Services P.O. Box 642 Bastrop, TX 78602 Fax# 512-321-8181 or 512-321-8198 Email:
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Date: _____

Case Name: _____

Date of Birth: _____

Social Security #: _____

Address: _____

We are required to verify the income of all applicants and participants in the federally-assisted housing programs operated by the Housing Authority of the City of Bastrop. Please complete this form and return it as soon as possible. Thank you for your assistance.

Housing Authority Representative: _____

I do hereby authorize the Department of Human Services to release the information requested below. I also grant the HA permission to furnish the DHS with information regarding my file. Signature: _____
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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).

For DHS Use Only:

TANF/AFDC: [] Yes Amount received per month: \$ _____ [] No Date Closed: _____ If closed, please indicate reason: [] Family lost or had its public assistance reduced as a result of fraud or failure to participate in an economic self-sufficiency program or comply with a work activities requirement. If yes, how much of the assistance was lost or reduced as a result? \$ _____ per mo. [] Family lost or had its public assistance reduced as a result of failure to provide information. If yes, how much of the assistance was lost or reduced as a result? \$ _____ per mo. [] Family lost or had its public assistance reduced as a result of obtaining maximum benefits, is not eligible due to household income or has not applied for benefits. [] Other _____
FOOD STAMPS: [] Yes Amount received per month: \$ _____ [] No Do you have any information of any income from other sources for the person (s) listed or anyone living at this address? [] Yes [] No If yes, amount per month: \$ _____ From _____ For (name) _____ \$ _____ From _____ For (name) _____
Remarks: _____ DHS Representative Name: _____ Title: _____ Signature: _____ Phone: () _____ Date: _____