



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

UNEMPLOYMENT BENEFITS VERIFICATION

Re. _____

Social Security # _____

Claim # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

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

(Housing Authority Representative)

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).

APPLICANT/TENANT RELEASE

I _____ hereby authorize the release of the requested information.

Signature

Date

Gross Weekly Payment: \$ _____

Is Claimant eligible for further benefits? Yes No

Date of Initial Payment: _____

Duration of Benefits _____

How many weeks of Benefits remaining? _____

Amount of Benefits remaining? \$ _____

Termination date of Benefits is? _____

If benefits have been denied, please state reason:

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____