

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOUSING TRUST FUND
AMY YOUNG BARRIER REMOVAL PROGRAM**

VERIFICATION OF PENSION AND ANNUITIES		
Contract Administrator Name:		
Address:		
Phone:	Fax:	Email:
Applicant Name:		
RELEASE: Applicant's signature here authorizes the release and/or verification of the requested Pension and Annuity information.		
_____	_____	
Signature of Applicant	Date	
Authorization and Verification: State regulations require verification of employment and income of all members for any household who applies for HTF Program funds. We ask your cooperation in providing this information to the above-referenced Contract Administrator. The information you provide will be used only to determine the eligibility status of the applicant household.		
Pension and Annuity Data:		
Current monthly gross amount of pension or annuity \$ _____		
Deductions from gross for medical insurance premiums \$ _____		
Date of initial award \$ _____		
Effective date of current amount \$ _____		
Contributions to company retirement/pension fund \$ _____		
Amount received in a lump sum \$ _____		
Signature of Authorized Representative: _____		
Title:	Date:	Phone:
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.		