

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

VERIFICATION OF PUBLIC ASSISTANCE INCOME		
Contract Administrator Name: _____		
Address: _____		
Phone: _____	Fax: _____	Email: _____
Applicant Name: _____		
<p>RELEASE: Applicant's signature here authorizes the release and/or verification of the requested Public Assistance Income information.</p> <p>_____</p> <p>Signature of Applicant Date</p>		
<p>Authorization and Verification: State regulations require verification of employment and income of all members for any household who applies for HTF Program funds. Employment and income must be re-examined and re-verified periodically. 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 and level of benefit available to the applicant household..</p>		
Public Assistance Income Data:		
Number in family: _____		
Aid to Families with Dependent Children:		\$ _____
General Assistance:		_____
Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
Assistance specifically designated for shelter and utilities:		_____
Other assistance: Type: _____		_____
Total Monthly Assistance		\$ _____
Total amount of public assistance received during past 12 months:		_____
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.		