



Please fax response to: 325-676-6375  
Counselor: \_\_\_\_\_

## **VERIFICATION OF INCOME PROVIDED BY PARENT/OTHER**

Date: \_\_\_\_\_

To: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Subject: Verification of Income Provided to Program Participant

RE: \_\_\_\_\_

Program Participant Name

Program Participant Address

The above named individual is an applicant for housing assistance which is subsidized through the Department of Housing and Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized you to release the requested information. The information you provide will be required to complete our verification process and we appreciate your prompt response.

I, \_\_\_\_\_ hereby authorize, \_\_\_\_\_  
(Program Participant Name) (Provider of Assistance Name)

to release the information requested below. \_\_\_\_\_  
(Program Participant Signature)

**DO NOT WRITE BELOW THIS LINE**

### **(To Be Completed by Provider of Assistance to Program Participant)**

This is to certify that I (we) provide the above mentioned program participant with:

\$ \_\_\_\_\_  Daily  Weekly  Month

\_\_\_\_\_  
Signature of Provider

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Equal Opportunity Employer / Equal Housing Opportunities



Phone: 325-676-6385

Fax: 325-676-6375

Relay Services: 711 or 1-800-RelayTX

Website: [www.abileneha.org](http://www.abileneha.org)