



Texas Department of Human Resources

PO Box 521, Abilene, TX 79604

Date: _____

Head of Household: _____

S.S.#: _____

Address: _____

In order to be eligible to participate in the Abilene Housing Authority's Housing Assistance Program, verification is needed for the benefits I currently receive. Please complete and return form to:

Abilene Housing Authority
4398 North 7th Street
Abilene, Texas 79603

All information provided is confidential.

My signature authorizes the Texas Department of Human Resources to release the requested information to the Abilene Housing Authority.

Signature

Date

What benefits does the applicant currently receive from the Texas Department of Human Services?

Food Stamps _____ TANF _____

Is applicant being sanctioned for fraud or non-compliance? Yes _____ No _____

TANF amount received by family: \$ _____

Sanctioned amount withheld: \$ _____

Food Stamp amount received by family \$ _____

Other benefits: _____

Name of Person Completing Form

Contact #

Title of Person Completing from

Date

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.

Phone: 325-676-6032

Fax: 325-738-8091

Relay Service: 711 or 1-800-RelayTX

Website: www.abileneha.org

Equal Opportunity Employer / Equal Housing Opportunities

