



Housing Authority of the City of Austin

1124 South IH 35, Austin, TX 78704
(512) 477-1314 Fax (512) 494-0686

FAMILY CONTRIBUTION VERIFICATION

To: _____ From: HOUSING CHOICE VOUCHER
 Address: _____ Dept: PROGRAM
 _____ Staff: _____
 _____ Date: _____
 _____ Fax: (512) 494-0686
 Provider of contribution: _____

HACA is required to verify the incomes Assets and expenses of all members of families applying for or living in federally assisted housing. To comply with these requirements HACA asks for your cooperation in supplying the information requested below. HACA will keep such information confidential and use it only to determine the applicant's/tenant's eligibility and rent. Your prompt return of this form is greatly appreciated.

Provider of contribution:

Name: _____
 Address: _____
 Phone # _____

Housing Choice Voucher Client:

Name _____
 Address _____
 Phone # _____

I hereby authorize the person listed above to release the information requested below to the Housing Authority of the City of Austin.

X _____ X _____
 Client Signature Date

(The following must be completed by the person providing assistance only)

I, _____ (Name of contributor), hereby certify that I contribute the following type of assistance Child Support Alimony Other

_____ in the sum of \$ _____ per weekly monthly annually Other _____ and have been assisting him/her since (date) _____.

My source of income is _____

Contributors' Address: _____

Phone number: (home) _____ (work) _____

X _____ X _____
 Contributor's Signature Date