



Housing Authority of the City of Austin

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

PUBLIC ASSISTANCE VERIFICATION

To: _____
Attn: _____
Address: _____

From: _____
Date: _____
Fax: **512-494-0686**

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 this applicant's eligibility and rent. Your prompt return of this form by mail or fax is greatly appreciated. This consent form expires 15 months after signed.

Client _____ S.S. # _____
Address: _____

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

Signature Date

1. Monthly TANF benefit information

Full Monthly Eligible Benefit Amount \$ _____ Not Receiving TANF
Minus Monthly Penalty Amount: (If Any) \$ _____ (if no penalty, put zero)
Current Benefit Paid? \$ _____

2. PENALTY REASON (if any)

- No penalty in effect
- Fraud
- Non-compliance with self-sufficiency program *

*Economic self-sufficiency program is defined as any program designed to encourage, assist, train, or facilitate the economic independence of HUD-assisted families or to provide work for such families. These programs include programs for job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant for work (including a substance abuse or mental health treatment program), or other work activities.

Other: _____

3. Names and ages of eligible family members: _____

4. Termination Reason and date: *If not eligible for assistance* _____

Comments:	
Agency Representative:	Phone No:
Signature:	Date:
Title:	