



Housing Authority of the City of Austin

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

PENSION AND ANNUITY VERIFICATION

To: _____

From Dept: _____

Attn: _____

Attn: _____

Address: _____

Date: _____

Fax: _____

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.

Re: _____

S. S. # _____

Tenant Name

Address: _____

Entity Id: _____

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

Signature

Date

1. Type of Pension/ Annuity: _____

2. Current monthly gross amount of pension or annuity \$ _____

3. Effective Date of Initial Award _____

4. Effective Date of Current Amount _____

5. Deductions for gross medical insurance premium \$ _____

6. Comments: _____

Employer's Representative: _____

Phone No: _____

Signature: _____

Date: _____

Title: _____

NOTE: HUD requires that the applicant must not assist in any way with the process of obtaining income verification. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction.