



**City of Houston**  
**Housing and Community Development Department**  
**HOME INVESTMENT PARTNERSHIP PROGRAM/**  
**COMMUNITY DEVELOPMENT BLOCK GRANT**  
**Verification of PENSION AND ANNUITIES**

Project Name:		
Address:		
Phone:	Fax:	Email:
Applicant Name:		
<b>Authorization:</b> I the applicant am applying for a HOME-Assisted unit at the above project and authorize the release and/or verification of the requested pension and annuity information.		
_____ Signature of Applicant		_____ Date
<b>Federal regulations require verification of income of all household members applying to participate in the HOME Program. All income must be re-examined periodically.</b>		
<b>Pension and Annuity Verification:</b>		
Current monthly amount of pension or annuity \$ _____		
Medical Insurance Premiums \$ _____		
Date of initial aware _____		
Effective Date of Current Amount _____		
Contributions to retirement/pension fund \$ _____		
Lump Sum Amount Received \$ _____		
<b>Signature of Owner Representative:</b>		
_____ Title		_____ Date
<b>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.</b>		