

City of Houston Housing and Community Development Department HOME INVESTMENT PARTNERSHIP PROGRAM/ COMMUNITY DEVELOPMENT BLOCK GRANT Verification of VETERANS BENEFITS

Project Name:		
Address:		
Phone:	Fax:	Email:
Applicant Name:		
Authorization: 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
Federal regulations require verification of income of all household members applying to participate in the HOME Program. All income must be re-examined periodically.		
Veterans Benefit Information:		
Current benefit \$		
The amount will increase/decrease (circle one) Effective Date:		
Date of initial benefit		
Effective Date of Current Amount		
Contributions to retirement/pension fund \$		
Signature of Owner Representative:		
Title	Da	ate
WARNING: Title 18, Section 1001 of the U.S. Code states that a person id guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.		