

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOUSING TRUST FUND
AMY YOUNG BARRIER REMOVAL PROGRAM**

VERIFICATION OF VETERANS ADMINISTRATION BENEFITS		
Contract Administrator Name:		Contract Number:
Address:		
Phone:	Fax:	Email:
Veteran Name:		
Veteran Address:		
Claim Number:	Date of birth:	
Service dates: From to	Benefits paid to:	
RELEASE: Applicant's signature here authorizes the release and/or verification of the requested Veterans Administration benefits information.		
_____		_____
Signature of Applicant		Date
Authorization and Verification:		
State regulations require verification of employment and income of all members for any household who applies for HTF Program funds. We ask your cooperation in providing this information to the above-referenced Contract Administrator. The information you provide will be used only to determine the eligibility status of the applicant household.		
Veterans Administration Benefits Data:		
Current Gross Monthly Benefit amount \$	Original start date: _____	
This amount will INCREASE / DECREASE (circle one) to: \$ _____		
Date change becomes effective: _____		
Benefits are for:		
<input type="checkbox"/> GI Bill training		
<input type="checkbox"/> Insurance		
<input type="checkbox"/> Service connected compensation disability (%) _____		
<input type="checkbox"/> Non-service pension death		
<input type="checkbox"/> Service connected compensation death		
<input type="checkbox"/> Other: _____		
Signature of Authorized Representative: _____		
Title:	Date:	Phone:
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.		