

Texas Department of Housing and Community Affairs
Colonia Self Help Center Program



Record of Oral Verification

County: [Redacted]

Contract Number: [Redacted]

Phone: [Redacted]

Fax: [Redacted]

Applicant Name: [Redacted]

Applicant Address: [Redacted]

Re: [Redacted]

Date Information Received: [Redacted]

Information Verified

Item Verified: [Redacted]

Person Contacted: [Redacted]

Representing: [Redacted]

Information Supplied:

[Redacted]

Signature of Person Receiving Verification:

Printed name of Person Receiving Verification: [Redacted]

Date:

Time:

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.