VERIFICATION OF PUBLIC ASSISTANCE INCOME

(Name of HOME Participating Jurisdiction) AUTHORIZATION: Federal Regulations require us to verify Public Assistance Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	*Public Assistance Data* *Rate per Month* Number in family: _____ Aid to families with Dependent Children $_____ General Assistance $_____ Does this amount include court-awarded support payments? Yes No Amount specifically designated for shelter and utilities $_____ Other assistance—type: _____ $_____ Total Monthly Grant $_____ Other income—Sources: _____ $_____ Maximum allowance for rent and utilities (as-paid States) $_____ Amount of public assistance received during past 12 months $_____
RELEASE: I hereby authorize the release of the requested information. _____ (Signature of Applicant) Date: _____ Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____
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.	