



Please fax response to:
325-676-6375
Counselor: _____

VERIFICATION OF BENEFITS RECEIVED

HHSC
P.O. Box 521
Abilene, TX 79605

I authorize HHSC to provide the Abilene Housing Authority with information concerning my benefits. As specified on this form, this information will only be used to determine my eligibility for the Housing Choice Voucher Program. This information will be kept confidential.

Name: _____ S.S. #: _____

Signature: _____ Date: _____

Do NOT WRITE BELOW THIS LINE

(To be completed by HHSC Staff)

Caseworker: Please provide current benefits received by the applicant. Thank you.

Is the applicant being sanctioned for fraud or non-compliance? Yes _____ No _____

TANF Amount Family Receives: \$ _____

Sanctioned Amount Withheld: \$ _____

Food Stamps: \$ _____

Other Benefits: \$ _____

Name of caseworker completing form: _____

Signature: _____

Date: _____