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| **Administrator:**       | **Contract/RSP Number:**       |
| **Administrator Phone:**  |
| **Beneficiary Name:**       |
| **Public Housing Authority Name:**  |

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| **Tenant Authorization to Release Information** |
| To be eligible to receive up to 60 months of rental assistance through the Texas Department of Housing and Community Affairs HOME TBRA Program, Tenants must maintain active status on a Section 8 HCV Waiting List per 10 TAC §23.50(f)(1)(a). This form must be completed and returned to the Administrator unless the Public Housing Authority issues its own verification of waiting list status.**This form is used to verify status on a Section 8 HCV Waiting List.****I hereby authorize the Public Housing Authority to release information to the above-named Administrator for the purpose of confirming my status on the Section 8 HCV Waiting List.** |
|  | Beneficiary Head of Household Signature  |  | Date  |  |
|  | Other Beneficiary Signature  |  | Date  |  |
| **Verification by Public Housing Authority** |
| [ ]  The above named tenant(s) *is* active on the Section 8 HCV waiting List. [ ] The above named tenant(s) *is not* active on the Section 8 HCV waiting list. |
|  | PHA Representative Signature  |  | Date  |  |

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.

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| *Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.* |
|  | **Texas Department of Housing and Community Affairs**Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.texas.gov Web: www.tdhca.texas.gov |  |