|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant/Co-Applicant Information** | | | | | |
| **Applicant Name:** | | **Co-Applicant Name:** | | | |
| **Name of Household Member:** | | | | | |
| **Physical Address:** | | | | | |
| **City:** | **State: Texas** | | | **Zip Code:** | |
| **Release** | | | | | |
| Acknowledgment on the Intake Application authorizes the release and/or verification of the requested Social Security Benefits information. | | | | | |
| **Authorization and Verification** | | | | | |
| Federal regulations require verification of employment and income of all members of any household applying to participate in the Community Development Block Grant Disaster Recovery Program. We ask your cooperation in supplying this information to the above-referenced GLO Designated Representative (“GDR”). The information you provide will be used only to determine the eligibility status and level of benefit available to the applicant household. | | | | | |
| Based on business transacted from       to | | | | | |
| Gross monthly Social Security Benefit amount: $ | | | Type of benefit: | | |
| Gross monthly Supplemental Security income amount (including State supplement): $ | | | Type of benefit: | | |
| **Signatures** | | | | | |
| Under penalties of perjury, I certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this document.  **Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.** | | | | | |
| **Household Member Printed Name:** | | | | | **Date:** |
| **Household Member Signature:** | | | | |
| **GDR Printed Name:** | | | | | **Date:** |
| **GDR Signature:** | | | | |