



Texas General Land Office
Community Development and Revitalization
Form 14.10 Verification of Social Security Benefits

Applicant Information		
Program:	Disaster:	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	State:	ZIP Code:
Information		
Federal regulations require verification of income of all members of any household applying to participate in the Program. The information will be used only to determine the eligibility status and level of benefit available to the Applicant household.		
Household Member Name		
<i>A separate form must be completed for each household member over the age of 18.</i>		
Household Member Name:		
Household Member Confirmation		
<i>Select only one.</i>		
I do receive Social Security benefits.	<input type="checkbox"/>	
I do not receive Social Security benefits.	<input type="checkbox"/>	
Social Security Benefits Information		
<i>Supporting documentation must be submitted to the GLO for review.</i>		
Benefit Start Date:	Benefit End Date:	
Gross monthly Social Security benefit amount: \$	Type of benefit:	
Gross monthly Supplemental Security Income amount (including State Supplement): \$	Type of benefit:	
Verification		
By my signature below, I verify the information provided herein is true and correct. I understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my household's ineligibility to participate in the Program.		
Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.		
Signature		
Household Member Printed Name:		Date:
Household Member Signature:		