



### TANF / SNAP (Food Stamp) Verification Request Form

- FAX TO:  (903) 683-1459 Rusk1 or  (903) 589-2285 Jacksonville  
 (903) 683-4084 Rusk2 or  (936) 633-3669 Lufkin/Angelina Cty.  
 (903) 683-6521 Rusk3  (936) 569-5924 Nacogdoches  
 (903) 655-6201 Rusk County  (877) 447-2839 Any area / State Office

**APPLICANT / TENANT SHOULD COMPLETE THIS SECTION ONLY (not the lower part)!!!**

Date FAXED: \_\_\_\_\_

I, \_\_\_\_\_, Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Please PRINT your name*

hereby authorize the release of this information to the Alto Housing Authority.

\_\_\_\_\_  
*Client signature*

\_\_\_\_\_  
*Date*

**TEXAS HHS STAFF MEMBER -- PLEASE COMPLETE THIS SECTION!!!**

Client currently receives \$ \_\_\_\_\_ TANF and \$ \_\_\_\_\_ SNAP / Food Stamps monthly.

The TANF case is certified through \_\_\_\_\_, the Food Stamp case through \_\_\_\_\_.

The following benefits were received from our agency in the previous six months:

DATE	TANF	SNAP / Food Stamp

TANF Case Number: \_\_\_\_\_ SNAP Case Number: \_\_\_\_\_

Number of people on the case: \_\_\_\_\_

\_\_\_\_\_  
*Worker signature*

\_\_\_\_\_  
*Date*

PLEASE FAX ✓ Fax to: Alto Housing Authority Fax #: (936) 858-3923

\*\*\* This information can only be released to the client or mailed to the client's address if no signature is on this form. Do not release information to anyone other than the client unless there is written authorization in the case or on this form. \*\*\*