



THE TOPEKA HOUSING AUTHORITY
2010 S.E. CALIFORNIA AVENUE
TOPEKA, KANSAS 66607
Phone (785) 357-8842 FAX (785) 357-2648

HUMAN SERVICE GRANT VERIFICATION (TANF, GA, ETC)

HUMAN SERVICE OFFICE: Topeka DCF
 ADDRESS: PO Box 1424
 CITY, STATE, ZIP: Topeka, KS 66601-1424

PERMISSION FOR RELEASE OF INFORMATION:

I Authorize you to furnish the information requested below to the Topeka Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/continued occupancy.

NAME(S) OF APPLICANT & HOUSEHOLD MEMBERS:	SOCIAL SECURITY#(S):
SIGNATURE OF ADULT:	DATE:

***** DO NOT WRITE BELOW THIS LINE *****

TYPE(S) OF ASSISTANCE/INCOME RECEIVED:

TANF	\$ _____	SSDI	\$ _____
GA	\$ _____	MA	\$ _____
SSI	\$ _____	_____	\$ _____
		_____	\$ _____

Has this person worked in the last year? YES ___ NO ___

PRINTED NAME OF PREPARER:

SIGNATURE OF PREPARER:	DATE:
------------------------	-------

Thank you for your cooperation. All information is confidential. Please return this form by fax (785) 357-2648 or mail. If you have any questions, please feel free to contact our office at (785) 357-8842.

Housing Specialist