



WITNESS AFFIRMATION FORM

Texas Department of Housing and Community Affairs
P.O. Box 13941, Austin, TX 78711-3941 Phone: (512) 475-3800

UPON COMPLETION OF THIS FORM, PLEASE RETURN TO DEPARTMENT STAFF.
PLEASE PRINT LEGIBLY.

I want to appear and offer testimony, in so appearing, I hereby make the following statements:

Date of Statement: _____ Location of Hearing: _____

My name is : _____

My occupation, profession or business is: _____

My mailing address is: _____ Phone: _____

In appearing before this body, I represent: myself or the following persons, firms, corporations, classes or groups:

Their business address is: _____

I wish to make the following written statements: *(Attach additional sheet(s) if extra space is needed.)*

If this statement is in regard to a specific TDHCA development or application, also provide the following information:

TDHCA Development #: _____ Development Name: _____

Development City: _____ I support this development. I oppose this development.

I hereby certify that the above statements by me are true and accurate, and that I have listed all persons, firms, corporations, classes, or groups that I represent in reference to the matters on which I am appearing. I further certify that the testimony I give before this body will be true and accurate.

Signature of Witness

Date

Note: At the discretion of the Department, the length of time available for each public comment may be limited.