

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
TELEPHONE VERIFICATION**

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name:	TDHCA Number:
Contact Name:	Contact Title:
Address:	Phone:
RE: (Applicant/Resident Name):	
The telephone (oral) verification is being gathered (check one): <input type="checkbox"/> In lieu of a third-party written or first hand verification. Describe the reason that a third-party written or first hand verification was not feasible in this instance: _____ <input type="checkbox"/> As a source of clarification for a gathered third-party written or first hand verification. Describe area in which clarification is being sought: _____	
Person Contacted:	Title:
Employer Name:	Phone/Fax:
Date Contacted:	Time Contacted:

II. VERIFIED INFORMATION
1. Information/item verified: _____
2. Information Supplied: _____
3. Additional remark(s): _____

III. ADMINISTRATOR, OWNER, MANAGEMENT AUTHORIZED REPRESENTATIVE CERTIFICATION			
I certify that the above information is true and correct,			
_____ Signature of Authorized Representative	_____ Representative's Title	_____ Date	
_____ Authorized Representative's Printed Name	_____ Phone #	_____ Fax #	_____ Email

Note: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.