



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



TANF Verification

The person listed below has applied for housing assistance under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) of the U.S. Department of Housing and Urban Development (HUD). HUD requires that we verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning the form in the self-addressed return envelop within 10 days. The applicant has consented to this release as indicated below.

Name of Requesting Organization: _____
 Street Address (including city, state, zip): _____
 Case Manager Signature: _____ Date: _____
 Phone: _____ Fax: _____

Name of Applicant: _____
 Social Security #: _____
 Street Address (including city, state, zip): _____
 Applicant Signature: _____ Date: _____

All information below this line is to be completed by authorized personnel.

According to the Missouri Department of Social Services' Family Support Hotline, 1-800-392-1261, the client receives \$ _____ in cash benefits under the Temporary Assistance for Needy Families (TANF) program and \$ _____ in monthly food stamp assistance.

Authorized Representative Name: _____
 Authorized Representative Title: _____
 Signature: _____ Date _____

Please return verification form to the agency listed above.