



OFFICE OF THE ATTORNEY GENERAL

PAYMENT AFFIRMATION

To be completed and signed by the Adult Tenant.

VICTIM: _____

CLAIMANT: _____

YOU MUST COMPLETE ALL QUESTIONS:

Please complete the following questions if you want payments to be sent directly to the landlord.

If there are no payments to landlord, please disregard.

➡ **MARK THE PAYMENTS YOU WOULD LIKE TO GO TO THE LANDLORD:**

(Exact amounts should be specified on the Letter of Intent and Relocation Expense Worksheet.)

- Application fee
 Administration fee
 Security Deposit
 1st Month's Rent
 Complete Rental Portion
 Pet Deposit

➡ **LANDLORD CONTACT INFORMATION:** *(PAYMENT CANNOT BE ISSUED WITHOUT A VALID TAX ID OR SSN)*

_____		(_____)	_____	
NAME OF LANDLORD/APARTMENT		PHONE NUMBER	TAX ID OR SSN OF LANDLORD	
_____		_____	_____	_____
STREET ADDRESS	SUITE	CITY	STATE	ZIP CODE

➡ **THIS FORM MUST BE COMPLETED, SIGNED, AND DATED BEFORE WE ARE ABLE TO RELEASE THE CLAIM FOR ANY BENEFITS OR PAYMENTS. IF THIS INFORMATION SHOULD CHANGE, YOU ARE OBLIGATED TO NOTIFY OUR OFFICE (CVC) AND COMPLETE ANOTHER PAYMENT AFFIRMATION FORM. FAILURE TO NOTIFY CVC OF CHANGES IN THIS INFORMATION MAY RESULT IN DENIAL OF FUTURE BENEFITS.**

I SWEAR AND AFFIRM UNDER PENALTY OF PERJURY UNDER TEXAS PENAL CODE § 37.02 THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

PRINTED NAME OF ADULT TENANT

DATE

SIGNATURE OF ADULT TENANT