Claim No.: _____

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