



Texas General Land Office
Community Development and Revitalization
Form 14.11 Verification of Pension and Annuities

Applicant Information		
Program:		Disaster:
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	State:	ZIP Code:
Information		
Federal regulations require verification of employment and income of all members of any household applying to participate in the Program. The information will be used only to determine the eligibility status and level of benefit available to the Applicant household.		
Household Member Name		
<i>A separate form must be completed for each household member over the age of 18 who is verifying income through pensions and/or annuities.</i>		
Household Member Name:		
Pension Information		
Pension Source:		
Date of Initial Award:	Effective Date of Current Amount:	
Current Monthly Gross: \$	Deductions for Medical Insurance Premiums: \$	
Retirement/Pension Contributions: \$	Lump Sum Amount Received: \$	
Annuity Information		
Annuity Source:		
Date of Initial Award:	Effective Date of Current Amount:	
Current Monthly Gross: \$	Deductions for Medical Insurance Premiums: \$	
Retirement/Annuity Contributions: \$	Lump Sum Amount Received: \$	
Household Member Declaration		
By my signature below, I verify the information provided herein is true and correct. I understand that providing false representations herein constitutes an act of fraud and that submitting false, misleading, or incomplete information may result in my household's ineligibility to participate in the Program.		
Warning: Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.		
Signature		
Household Member Printed Name:		Date:
Household Member Signature:		