



Texas General Land Office
Community Development and Revitalization
Form 14.16 Verification of Recurring Cash Contributions

Applicant Information		
Program:	Disaster:	
Applicant Name(s):		
Application ID:		
Applicant Physical Address:		
City:	State:	ZIP Code:
Household Member Name <i>A separate form must be completed for each household member over the age of 18 who is verifying income through recurring cash contributions.</i>		
Household Member Name:		
Recurring Cash Information <i>List total recurring cash amounts expected for the next 12 months.</i>		
Month	Amount	Purpose
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Amount: \$		
Applicant Certification		
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.		
Signatures		
Household Member Printed Name:		Date:
Household Member Signature:		