

Mississippi Regional Housing Authority II

POST OFFICE BOX 1887

OXFORD, MISSISSIPPI 38655

(662)234-7524

REQUEST FOR TANF/CHILD SUPPORT  
AND FOOD STAMP INFORMATION

DATE: \_\_\_\_\_

WARNING:

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

\_\_\_\_\_  
Name of Applicant/Tenant

\_\_\_\_\_  
Address of Applicant/Tenant

\_\_\_\_\_  
SSN # of Applicant/Tenant

TANF/Child Support Report

Child Support History:			
Current Month _____ Amount: _____	Month: _____ Amount: _____	Month: _____ Amount: _____	
Month: _____ Amount: _____	Month: _____ Amount: _____	Month: _____ Amount: _____	
NAMES OF THE CHILDREN BEING SUPPORTED			
1	2	3	4
5	6	7	8
Current Monthly Amount of Food Stamps: _____			

**RECERTIFICATION NOTICE INFORMATION**

Fill out highlighted areas and return to Oxford Housing immediately. We must order your information from Jackson, MS. before your appointment date. DO NOT TAKE THIS FORM TO THE DEPT. OF HUMAN SERVICES. We must order this information from our office only.

**OXFORD HOUSING AUTHORITY**  
**POST OFFICE BOX 488**  
**OXFORD, MISSISSIPPI 38655**  
**(662)234-7524**

**REQUEST FOR TANF/CHILD SUPPORT  
AND FOOD STAMP INFORMATION**

**DATE:** \_\_\_\_\_

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I hereby consent to the release of the information requested below.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Address of Applicant/Tenant

\_\_\_\_\_  
SSN # of Applicant/Tenant

**TANF/Child Support Report**

<b>Child Support History:</b>			
Current Month: _____	Amount: _____	Month: _____	Amount: _____
Month: _____	Amount: _____	Month: _____	Amount: _____
<b>NAMES OF THE CHILDREN BEING SUPPORTED</b>			
1	2	3	4
5	6	7	8
Current Monthly Amount of Food Stamps: _____			
To: Oxford Housing Authority			
From: _____ County Department of Human Services			
Subj: TANF/CHILD SUPPORT/FOOD STAMPS BENEFITS described above			
I, _____ of _____ County Department of Human Services do hereby certify that the above named Applicant/Tenant is entitled to receive and in fact does receive the amounts of Child Support, TANF, and/or Food Stamps detailed above in support of the applicant and children listed above.			
_____ Signature and Title of Certifying Agent			_____ Date Signed