Case Number: 1011446311

03/28/2023

Lisette Sauceda
1816 N Roberts ST
Amarillo TX 79107-6656

TEXAS
Health and Human Services

Need Help? Call 2-1-1
or for out of the state callers,
call 1-877-541-7905

Fax: 1-877-447-2839

Mail: Texas Health and Human Services
Commission
PO Box 149024
Austin Texas 78714-9024

If you have a hearing or speech disability,
call 7-1-1 or any relay service.

To find out if you can get or keep getting benefits, we need more facts from you:

You are getting this packet because either: (1) you applied for benefits, (2) you reported a change to your case, or (3) we must check your income to see if you can still get benefits.

Inside this packet you will find:

- A list of the items we need from you.
- A pre-paid envelope.

You also might find other forms you can fill out and send to us.

Send us the items by **04/07/2023**

If you need help, call us at 2-1-1 or 877-541-7905. After you pick a language, press 2. We can take your call Monday to Friday, 8 a.m. to 6 p.m. Central Time.

For help or questions about your Lone Star Card account, call 1-800-777-7328 (7EBT).

You still need to send us the items by this due date.

**If you don't send us your items by this date,
you might not get benefits or your benefits might end.**

There are 4 ways to send us the items we need:

Pick one of these ways to send the items back to us:

- **YourTexasBenefits.com:** You can upload your items online.
- **Your Texas Benefits Mobile App:** You can upload your items using the mobile app. The app is free to download in the Google Play and Apple iTunes stores.
- **Mail:** Mail this letter and the items we need in the pre-paid envelope that came in this packet.
- **Fax:** Fax this letter and the items we need to 1-877-447-2839.

Don't forget:

- Put your case number on everything you send us.
- If you send us a letter or statement showing proof of facts we need, make sure the person who writes it includes: (1) their name, (2) their address, (3) their phone number, (4) the date they wrote it, and (5) their signature.

Benefit programs affected and due date:

Program	EDG number	Due date
For Medical Assistance:	709960084	4/7/23
For TANF benefits:	707562427	5/8/23
For Medical Assistance:	691125224	4/7/23
For Medical Assistance:	629731801	4/7/23
For Food Stamp benefits:	309704588	4/7/23

If you're afraid that giving us facts about someone could cause harm (physical or emotional) to you or your child:

If you're applying for or renewing Medicaid or CHIP benefits, you might not need to give us facts about that person. You might be able to get the "Family Violence Exemption."

Let us know if you're afraid to give facts about someone:

- **Phone:** Call 2-1-1 or 1-877-541-7905 (after picking a language, press 2).
- **Mail:** TEXAS HEALTH AND HUMAN SERVICES COMMISSION,P O Box 149024,
  Austin, Texas 78714-9024
- **In person:** At a benefits office. To find one near you, go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7905 (after picking a language, press 1).
- **Fax:** 1-877-447-2839.

LIST OF INFORMATION NEEDED AND/OR ACTION REQUIRED:

Name(s)	Program(s)	Information/Action Requested	Acceptable Verification/Proof
Lisette Sauceda	TANF	A household member(s) continues to have an open Choices penalty. To regain eligibility, this household member must cooperate with the Choices program. Provide proof that you are cooperating with the Choices program. Contact your local workforce board for this information.	Form 2581 - Choices Interface--Cooperating at Reapplication
Angel Cisneros Lisette Sauceda Marcos Cisneros Zoey Cisneros	Food Stamps	Provide verification of everyone who lives in your home.	Child support order Child welfare records Court record or other legal document Form 1155 Request for Domicile Verification Form H1857 Landlord Verification Hospital, clinic, health dept., or doctor's records Landlord - Non-relative Neighbor - Non-relative School record with address/School Official contact
Angel Cisneros Marcos Cisneros Zoey Cisneros	Medicaid TANF	Provide verification of where you live.	Bill/receipt/records Child care provider Church or baptismal record City or crisscross directory DPS ID Employer Form 1857 Landlord Verification Home visit Mail received with name and address Mortgage Company Statement Non-relative Official records of ownership of property Post office records Rent/mortgage receipt School or Day Care Record Telephone directory Texas Motor Vehicle Commission (DMV) Texas driver's license (valid) VolAg Voter registration card
Lisette Sauceda	TANF	Provide verification of your Employment Services Cooperation. We need proof that you	Form 2581 - Choices Interface--Cooperating

Name(s)	Program(s)	Information/Action Requested	Acceptable Verification/Proof
		are cooperating with the Choices program. Contact your local workforce board for this information.	
Lisette Sauceda	TANF	Provide verification that you attended the Workforce Orientation.	Form 2588 Workforce Orientation Referral
Lisette Sauceda	TANF	Return the enclosed Personal Responsibility Agreement, Form 1073, signed by the individual listed.	
Angel Cisneros Lisette Sauceda Marcos Cisneros Zoey Cisneros	TANF	Send proof that this person lives with their child or children in the same home. Proof must come from someone who isn't related.	Child support order Child welfare records Claim Management System Court record or other legal document Facility Form 1155 Request for Domicile Verification Form 3618 Resident Transaction Notice Form H1857 Landlord Verification Home visit Hospital, clinic, health dept., or doctor's records Landlord - Non-relative Neighbor - Non-relative Other - Non-relative Provider School record with address/School Official contact Visual observation

TEXAS
Health and Human Services

Texas Health and Human Services Commission
PO Box 149024
Austin Texas 78714-9024

Case Number:1011446311

The enclosed Missing Information form (Form 1020) includes a list of documents you need to send to us so we can determine your eligibility for services.

See page 1 to find out how to send us your forms.

El formulario adjunto de información faltante (Formulario 1020) incluye una lista de documentos que usted necesita enviarnos para que podamos determiner si usted reúne los requisitos para los servicios.

Vea la página 1 para saber cómo enviarnos sus documentos.

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LANDLORD VERIFICATION

(This form must be completed by the client's landlord or a representative.)

Client Name:	**Case Number:**
Lisette Sauceda	1011446311

Please provide the tenant's complete residential address:

Street Address:	**Apt. No.:**	**City:**	**Zip:**
1816 N Roberts ST		Amarillo	79107

1. Date tenant moved in: _____

2. How many people live in the house or apartment? _____

3. List the names of all people who live in the house or apartment. List their employer, if known:

Name of Person	**Working?**		**Employer**
	Yes	**No**	

4. Questions about the rent payment:

Amount of Rent:	**Tenant's Portion of Rent:**	**Person making payment**:
$	$	

How often paid?

☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Method of payment?

☐ Cash ☐ Check ☐ Money Order ☐ Other (explain):

Is the tenant current in paying the rent? ☐ Yes ☐ No

If "No," when was the last month rent was paid?

What is the total amount of past due rent?

$

5. Questions about the utilities:

Are all utilities included in rent?	☐ Yes ☐ No
Utilities the Tenant is responsible for paying (check all that apply):	☐ Gas ☐ Electric ☐ Telephone
Utility bills are paid directly to:	☐ Landlord ☐ Utility Company

Landlord or Representative Name (printed):	**Signature - Landlord or Representative**	**Da**te
Business Address or Residential Address:		**Telephone:**

Health and Human Services Commission
PO Box 149027
Austin TX 78714-9027

TEXAS Health and Human Services Commission

REQUEST FOR DOMICILE VERIFICATION

Case Number: 1011446311 **Date:** 03/28/2023

Contact Tel #
2-1-1 or 1-877-541-7905

Name of Client	Case No.
Marcos Ellias Cisneros	1011446311
Address	
1816 N Roberts ST Amarillo TX 79107-6656	

The person listed above has told us that you are not related to them but are familiar with their family. To help us correctly evaluate the household's situation, we need your assistance.

Please complete the information requested on page 2 of this letter and return it to me in the postage paid envelope provided or fax to HHSC at **1-877-447-2839**. Please return it as soon as possible, but no later than

04/12/2023
(date)

Your help is greatly appreciated.

T-01155-0734901072

Case Number. 1011446311

DOMICILE VERIFICATION
(The form must be completed by a non relative who does not live with the client.)

Please list all of the persons living in the home, including the client named on the front of this form:

NAME	RELATIONSHIP TO CLIENT	NAME OF EMPLOYER
Name of Client		

I can verify the above information because I am:

☐ **A Neighbor** ☐ **An Employer** ☐ **A School Official** ☐ **A Clergy Person**

☐ **A Friend** ☐ **A Landlord** ☐ **A Child Care Provider** ☐ **Other (explain):** _____

How long have you known the family?
.....

Years	Months	Weeks

X _____ _____ **Name**
Signature **Date**

Address	Telephone

T-01155-0734901072

Health and Human Services Commission
PO Box 149027
Austin TX 78714-9027

TEXAS
Health and Human
Services Commission

PETICIÓN DE DOMICILE VERIFICATION

Núm. de Caso: 1011446311

Fecha: 03/28/2023

Contacta con Tel #
2-1-1 or 1-877-541-7905

Nombre del Cliente	Caso Núm.
Marcos Ellias Cisneros	1011446311
Dirección	
1816 N Roberts ST Amarillo TX 79107-6656	

La persona cuyo nombre aparece arriba nos dijo que no hay parentesco entre ustedes, pero que usted conoce a la familia. Necesitamos su ayuda para poder evaluar la situación de la casa.

Por favor complete la información solicitada en la página 2 de esta carta y envíela en el sobre prepagado provisto o por fax a HHSC al **1-877-447-2839** .Por favor, devuélvala en cuanto pueda, a más tardar para

04/12/2023
(fecha)

Agradecemos mucho su ayuda

Núm de Caso. 1011446311

VERIFICACIÓN DE DOMICILIO
(Una persona que no es pariente del cliente y que no vive con él debe llenar esta forma.)

Por favor, haga una lista de todas las personas que viven en la casa. Incluya el nombre del cliente que hay al otro lado de esta forma.

NOMBRE	RELACIÓN CON EL CLIENTE	NOMBRE DEL EMPLEADOR
Nombre del Cliente		

Puedo verificar la información anterior porque yo soy:

☐ **Vecino** ☐ **Empleador** ☐ **Funcionario de la Escuela** ☐ **Clérigo**

☐ **Amigo** ☐ **Casero** ☐ **Cuidador de los Niños** ☐ **Otro (explique): _____**

¿Cuánto hace que conoce a esta familia? .....

Años	**Meses**	**Semanas**

X _____ _____ **Nombre**

Firma **Fecha**

Dirección	**Teléfono**

T-01155-0734901072

LANDLORD VERIFICATION

(This form must be completed by the client's landlord or a representative.)

Client Name:	**Case Number:**
Lisette Sauceda	1011446311

Please provide the tenant's complete residential address:

Street Address:	**Apt. No.:**	**City:**	**Zip:**
1816 N Roberts ST		Amarillo	79107

1. Date tenant moved in: _____

2. How many people live in the house or apartment? _____

3. List the names of all people who live in the house or apartment. List their employer, if known:

Name of Person	**Working?**		**Employer**
	Yes	**No**	

4. Questions about the rent payment:

Amount of Rent:	**Tenant's Portion of Rent:**	**Person making payment**:
$	$	

How often paid?

☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Method of payment?

☐ Cash ☐ Check ☐ Money Order ☐ Other (explain):

Is the tenant current in paying the rent? ☐ Yes ☐ No

If "No," when was the last month rent was paid?

What is the total amount of past due rent?

$

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Are all utilities included in rent?	☐ Yes ☐ No
Utilities the Tenant is responsible for paying (check all that apply):	☐ Gas ☐ Electric ☐ Telephone
Utility bills are paid directly to:	☐ Landlord ☐ Utility Company

Landlord or Representative Name (printed):	**Signature - Landlord or Representative**	**Da**te
Business Address or Residential Address:		**Telephone:**

Texas Health and
Human Services Commission

WORK FORCE ORIENTATION REFERRAL

Client Name	Case Name	Case No.	Client No.	Individual No.
Lisette Sauceda	Lisette Sauceda	1011446311	512262339	

Application File Date	Client's Date of Birth	Social Security No.	TP-61 Household	Potential Choices Status
February 15, 2023	12/20/1991			

TO TWC STAFF:

☐ This client has applied for Temporary Assistance for Needy Families (TANF)

☐ This client has reapplied for TANF and has an open Choices penalty and must demonstrate 30 days of cooperation.

Please provide him/her with the following:

- **Job Information and Counseling**
- **Information on Time Limited Benefits**
- **Work Related Expense Assistance**
- **Availability of Child Care**
- **Good Cause Descriptions**
- **Availability of Other Assistance for Job Seekers**

For information call:	**Fax No.**
2-1-1 or 1-877-541-7905	1-877-447-2839

HHSC Address
PO Box 149027 Austin TX 78714-9027

Part A - Workforce Orientations (Regular)

TO BE COMPLETED BY TWC STAFF

TWC STAMP

Date Client Attended Presentation

_____ _____

Signature - TWC Staff Date

Part B - Workforce Orientation (Alternative)

☐ This applicant has a hardship and requires an alternative workforce orientation.

TO BE COMPLETED BY TWC STAFF

TWC STAMP

Date Client Attended Presentation

_____ _____

Signature - TWC Staff Date

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TEXAS
Health and Human Services

Personal Responsibility Agreement

Client Name	Case Name	Case No.
Lisette Sauceda	Lisette Sauceda	1011446311

WHAT IS TANF?

Temporary Assistance to Needy Families (TANF) is temporary cash and medical assistance for families with children who are deprived of parental support. Eligible families receive a monthly cash grant and Medicaid benefits until they become self-sufficient. In some situations the assistance may be limited to a specific time period.

WHAT ARE YOUR RESPONSIBILITIES?

You are responsible for the physical, emotional, and financial well being of your child. You are therefore responsible for meeting personal responsibility requirements.

☐ **A TANF payee or disqualified adult must meet the following requirements:**

1. You must cooperate with child support requirements to establish paternity and help obtain child support for children on your case.

2. You must ensure that your child gets a medical checkup as scheduled through the Texas Health Steps program.

3. Your child must be current with the required immunizations.

4. You must ensure that each child receiving TANF who is younger than 18 or a teen parent younger than 19 attend school regularly, unless the child has a high school diploma or a GED.

5. You must ensure that each parent or relative of a child receiving assistance not use, sell, or possess controlled substances or abuse alcohol after signing this agreement.

☐ **A TANF caretaker or second parent must meet the following requirements:**

1. Each adult member of your household who gets cash assistance must participate in the Choices program as required.

2. You must cooperate with child support requirements to establish paternity and help obtain child support for children on your case.

3. You must ensure that each adult or teen parent not voluntarily quit a job without good cause.

4. You must ensure that your child gets a medical checkup as scheduled through the Texas Health Steps program.

5. Your child must be current with the required immunizations.

6. You must ensure that each child receiving TANF who is younger than 18 or a teen parent younger than 19 attend school regularly, unless the child has a high school diploma or a GED.

7. You must ensure that each TANF recipient attend parenting skills classes if requested to do so.

8. You must ensure that each parent or relative of a child receiving assistance not use, sell, or possess controlled substances or abuse alcohol after signing this agreement.

Case No.: 1011446311

You must truthfully represent your situation in completing your application, your interview, providing proof of your situation, reporting changes in address, income, assets and family size and by keeping or rescheduling all appointments.

WHAT ARE THE STATE'S RESPONSIBILITIES?

The State will assist you in becoming self-sufficient by:
- **Providing help in finding employment and necessary support services within available resources.**
- **Providing support services to** strengthen **the family, such as life skills and parenting skills training.**
- **Providing timely, accurate, and easily** accessible **benefits.**
- **Promoting the development of community resources.**

Penalty for Failure to Cooperate with the Personal Responsibility Agreement

If you fail to cooperate with any of the Personal Responsibility Agreement (PRA) requirements, you and your entire family will not receive TANF cash assistance for one month or until you cooperate,whichever is longer.

If you fail to cooperate with the PRA for two months in a row, your TANF case will be denied. When you re-apply for TANF cash assistance, you must cooperate with all requirements of the PRA for one month before your family can again receive TANF cash assistance.

Also, if you fail to cooperate with the Choices work or child support requirements, you will not receive Medicaid for one month or until you cooperate, unless you are pregnant or under age 19. Your other family members who are receiving Medicaid will remain eligible for Medicaid.

<u>If you don't follow the choices work rules, the people on your benefits case might not get SNAP food benefits</u>

When you are informed that you didn't cooperate with one of your responsibilities, it is very important that you start cooperating with the requirements immediately. If you receive a notice that you or a family member has failed to cooperate with the Choices work requirement, without good cause, you must report to your local workforce center and begin participating as soon as possible to prevent denial of your case.

By signing this form I certify that I am aware of my responsibilities and have been given a copy of them. I will explain these responsibilities to other members of my household. I understand that a penalty may be applied to my case if I or other members of my household do not meet their responsibilities. I have also received additional information regarding the Choices program and child support requirements.

Signature–Applicant/Recipient	Date	Signature–Advisor	Date

Signature–Applicant/Recipient	Date	Signature–Advisor	Date

TEXAS
Health and Human Services

Acuerdo de Responsabilidad Personal

Nombre del Cliente	Nombre del Caso	Núm. de Caso
Lisette Sauceda	Lisette Sauceda	1011446311

¿QUÉ ES TANF?

Asistencia Temporal a Familias Necesitadas (TANF) ofrece ayuda temporal de dinero en efectivo y servicios médicos a las familias con niños a quienes les falta el apoyo de uno de los padres. La familia que llena los requisitos recibe una concesión mensual y beneficios de Medicaid hasta que logre la autosuficiencia. En algunos casos, la asistencia puede limitarse a un plazo fijo.

¿CUÁLES SON SUS RESPONSABILIDADES?

Usted es responsable del bienestar físico, emocional y económico de su hijo. Por lo tanto, tiene que cumplir con los requisitos de responsabilidad personal.

☐ Un representante del beneficiario o un adulto que ha perdido la elegibilidad de TANF debe cumplir con los siguientes requisitos:

1. Ayudar a cumplir con los requisitos de manutención de niños para establecer la paternidad y ayudar a obtener la manutención para los niños de su caso.
2. Asegurar que su hijo reciba los chequeos médicos programados mediante el programa Pasos Sanos de Texas.
3. Asegurar que su hijo esté al día con las inmunizaciones necesarias.
4. Asegurar que cada joven menor de 18 años o cada padre o madre que tenga menos de 19 años que reciba TANF asista regularmente a la escuela, a menos que tenga un diploma de la preparatoria o un Certificado de Desarrollo Educativo General (GED).
5. Asegurar que los padres o parientes del cliente de TANF no usen, vendan o posean sustancias controladas ni abusen del alcohol después de firmar el acuerdo.

☐ Una persona a cargo de la familia o segundo padre que reciba TANF debe cumplir con los siguientes requisitos:

1. Asegurar que cada adulto de su unidad familiar que reciba asistencia económica participe en las actividades exigidas del programa CHOICES.
2. Ayudar a cumplir con los requisitos de manutención de niños para establecer la paternidad y ayudar a obtener manutención de niños para los niños de su caso.
3. Asegurar que los padres, sean adultos o adolescentes, no dejen un trabajo por su propia voluntad sin motivo justificado
4. Asegurar que su hijo reciba los chequeos médicos programados mediante el programa Pasos Sanos de Texas.
5. Asegurar que su hijo esté al día con las inmunizaciones necesarias.
6. Asegurar que cada joven menor de 18 años o cada padre o madre que tenga menos de 19 años que reciba TANF asista regularmente a la escuela, a menos que tenga un diploma de la preparatoria o un Certificado de Desarrollo Educativo Genera (GED).
7. Asegurar que cada persona que recibe TANF asista a clases para ser buenos padres si se le pide.
8. Asegurar que los padres o parientes del cliente de TANF no usen, vendan ni posean sustancias controladas ni abusen del alcohol después de firmar el acuerdo.

Núm. de Caso: 1011446311

Debe describir su situación fielmente en la solicitud, la entrevista; al presentar las pruebas de su situación; al informar de cambios de dirección, de ingresos, de bienes y del tamaño de su familia; y al cumplir con todas las citas o avisar si no puede cumplir, para programar otra cita.

¿CUÁLES SON LAS RESPONSABILIDADES DEL ESTADO DE TEXAS?

- Le ayudará a buscar trabajo y le prestará los servicios de apoyo necesarios según los recursos que tengamos disponibles.
- Le ofrecerá servicios de apoyo para fortalecer la familia, como capacitación en las habilidades básicas de la vida y en las habilidades para ser buenos padres.
- Le ofrecerá beneficios de manera oportuna, accesible y por la cantidad correcta.
- Apoyará los recursos comunitarios.

Sanción por falta de cumplimiento con el Acuerdo de responsabilidad personal

Si no cumple con alguno de los requisitos del Acuerdo de responsabilidad personal (PRA), ni usted ni los miembros de su familia recibirán asistencia económica de TANF por un mes o hasta que cumpla con el requisito, lo que tarde más.

Si no cumple con el PRA por dos meses seguidos, su caso de TANF será negado. Cuando vuelva a presentar una nueva solicitud para asistencia económica de TANF, tendrá que cumplir con todos los requisitos del PRA durante un mes antes de que su familia pueda recibir asistencia económica de TANF nuevamente.

Así mismo, si no cumple con los requisitos de trabajo del programa Choices o de manutención de niños, no recibirá Medicaid por un mes o hasta que cumpla con los requisitos, a menos que esté embarazada o sea menor de 19 años. Los demás miembros de su familia que reciben Medicaid seguirán llenando los requisitos de Medicaid.

Si no sigue las reglas del programa Choices, las personas en su caso de beneficios podrian no recibir beneficios de comida del Programa SNAP.

Cuando se le informe que no cumplió con alguna de sus

responsabilidades, es muy importante que empiece a cumplir con los requisitos inmediatamente. Si recibe un aviso de que usted o un miembro de su familia no cumplió con el requisito de trabajo del programa Choices, sin un motivo justificado, debe presentarse en el centro de la fuerza laboral local y comenzar a participar lo antes posible para evitar que se niegue su caso.

Al firmar esta forma certifico que entiendo mis responsabilidades y que me han entregado una copia de ellas. Voy a explicar estas responsabilidades a las demás personas de mi unidad familiar. Entiendo que se aplicará una sanción a mi caso si otro miembro de mi unidad familiar o yo no cumplimos con las responsabilidades. También recibí información adicional sobre el programa CHOICES y los requisitos de manutención de niños.

Firma -Solicitante/Beneficiario	Fecha	Firma -Consejero	Fecha
Firma -Solicitante/Beneficiario	Fecha	Firma -Consejero	Fecha

Health and Human Services Commission
PO Box 149027
Austin TX 78714-9027

TEXAS
Health and Human
Services Commission

REQUEST FOR DOMICILE VERIFICATION

Case Number: 1011446311 **Date:** 03/28/2023

Contact Tel #
2-1-1 or 1-877-541-7905

Name of Client	Case No.
Lisette Sauceda	1011446311
Address	
1816 N Roberts ST Amarillo TX 79107-6656	

The person listed above has told us that you are not related to them but are familiar with their family. To help us correctly evaluate the household's situation, we need your assistance.

Please complete the information requested on page 2 of this letter and return it to me in the postage paid envelope provided or fax to HHSC at **1-877-447-2839**. Please return it as soon as possible, but no later than

04/12/2023
(date)

Your help is greatly appreciated.

T-01155-0734901072

Case Number. 1011446311

DOMICILE VERIFICATION
(The form must be completed by a non relative who does not live with the client.)

Please list all of the persons living in the home, including the client named on the front of this form:

NAME	RELATIONSHIP TO CLIENT	NAME OF EMPLOYER
Name of Client		

I can verify the above information because I am:

☐ **A Neighbor** ☐ **An Employer** ☐ **A School Official** ☐ **A Clergy Person**

☐ **A Friend** ☐ **A Landlord** ☐ **A Child Care Provider** ☐ **Other (explain):** _____

How long have you known the family?
.....

Years	Months	Weeks

X _____ _____ **Name**
Signature **Date**

Address	Telephone

T-01155-0734901072

Health and Human Services Commission
PO Box 149027
Austin TX 78714-9027

TEXAS
Health and Human
Services Commission

PETICIÓN DE DOMICILE VERIFICATION

Núm. de Caso: 1011446311 **Fecha:** 03/28/2023

Contacta con Tel #
2-1-1 or 1-877-541-7905

Nombre del Cliente	Caso Núm.
Lisette Sauceda	1011446311
Dirección	
1816 N Roberts ST Amarillo TX 79107-6656	

La persona cuyo nombre aparece arriba nos dijo que no hay parentesco entre ustedes, pero que usted conoce a la familia. Necesitamos su ayuda para poder evaluar la situación de la casa.

Por favor complete la información solicitada en la página 2 de esta carta y envíela en el sobre prepagado provisto o por fax a HHSC al **1-877-447-2839** .Por favor, devuélvala en cuanto pueda, a más tardar para

04/12/2023
(fecha)

Agradecemos mucho su ayuda

Núm de Caso. 1011446311

VERIFICACIÓN DE DOMICILIO
(Una persona que no es pariente del cliente y que no vive con él debe llenar esta forma.)

Por favor, haga una lista de todas las personas que viven en la casa. Incluya el nombre del cliente que hay al otro lado de esta forma.

NOMBRE	RELACIÓN CON EL CLIENTE	NOMBRE DEL EMPLEADOR
Nombre del Cliente		

Puedo verificar la información anterior porque yo soy:

☐ **Vecino** ☐ **Empleador** ☐ **Funcionario de la Escuela** ☐ **Clérigo**

☐ **Amigo** ☐ **Casero** ☐ **Cuidador de los Niños** ☐ **Otro (explique): _____**

¿Cuánto hace que conoce a esta familia? .....

Años	**Meses**	**Semanas**

X _____ _____ **Nombre**

Firma **Fecha**

Dirección	**Teléfono**

T-01155-0734901072

LANDLORD VERIFICATION

(This form must be completed by the client's landlord or a representative.)

Client Name:	**Case Number:**
Lisette Sauceda	1011446311

Please provide the tenant's complete residential address:

Street Address:	**Apt. No.:**	**City:**	**Zip:**
1816 N Roberts ST		Amarillo	79107

1. Date tenant moved in: _____

2. How many people live in the house or apartment? _____

3. List the names of all people who live in the house or apartment. List their employer, if known:

Name of Person	**Working?**		**Employer**
	Yes	**No**	

4. Questions about the rent payment:

Amount of Rent:	**Tenant's Portion of Rent:**	**Person making payment**:
$	$	

How often paid?

☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Method of payment?

☐ Cash ☐ Check ☐ Money Order ☐ Other (explain):

Is the tenant current in paying the rent? ☐ Yes ☐ No

If "No," when was the last month rent was paid?

What is the total amount of past due rent?

$

5. Questions about the utilities:

Are all utilities included in rent?	☐ Yes ☐ No
Utilities the Tenant is responsible for paying (check all that apply):	☐ Gas ☐ Electric ☐ Telephone
Utility bills are paid directly to:	☐ Landlord ☐ Utility Company

Landlord or Representative Name (printed):	**Signature - Landlord or Representative**	**Da**te
Business Address or Residential Address:		**Telephone:**