

Hurricane Katrina Verification of Family Assistance

Head of Household Name			
Head of Household SSN			
Initial PHA Name			
Initial Residence			
Program Type (circle one):	Public Housing or Voucher or Mod Rehab		
Family Members:			
<u>First Name</u>	<u>Last Name</u>	<u>Sex</u>	<u>Age</u>
Elderly (circle one)	Yes	No	
Disabled Circle one)	Yes	No	

Receiving PHA Code _____

Receiving PHA Name _____

Receiving PHA fax _____

Receiving PHA email _____

Assistance Provided Public Housing or Portability (existing voucher) or
(circle one): New Voucher

Amount of Assistance provided (approximate) _____

Internal use only
Verification of information

PIC form HUD 50058	
HAPC Register	
Rent Roll	

HUD verified by _____ **Date** _____

Telephone: _____