



**Travis County Health and Human Services and Veterans Service  
Family Support Services Division**

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**Self-Verification of Financial Crisis Statement**

Applicant:

CABA Number:

Date:

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To get Travis County Emergency Assistance, you must have a reason for not being able to pay your bill.

- I am unable to provide written verification.

My economic, financial crisis within the last 60 days is:

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**Please check one:**

- Decrease in Income
- Increased Expenses
- Decrease in Resources

I certify that the above information is true and correct to the best of my knowledge and belief.

I understand that I may be subject to prosecution for providing false or fraudulent information.

Applicant's Name-Print: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_