

Case Number: 1047381827

03/11/2022

Isa Mohammad Omarzada
APT 1123
5765 Bozeman DR
Plano TX 75024-5607



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 03/21/2022

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

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.



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Form 1020 /October 2021
Page 1 of 5

Benefit programs affected and due date:

Program	EDG number	Due date
For Food Stamp benefits:	710491323	3/21/22

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
Isa Omarzada	Food Stamps	Provide verification of all money you earn from any source. WALMART	Checks, stubs, or earnings statements. Contact the employer Data Broker Employer. Form 1028 Employment Verification Form 2583 Choices Information Transmittal TWC inquiry Workshop or State School reimbursement officer
Isa Omarzada	Food Stamps	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
Isa Omarzada	Food Stamps	Provide verification of your earned income for the following pay periods. NORDSTROM INC: 01/14/2022	Checks, stubs, or earnings statements. Contact the employer Employer. Form 1028 Employment Verification Workshop or State School reimbursement officer
Isa Omarzada	Food Stamps	Provide verification of your earned income for the following pay periods. NORDSTROM INC: 01/28/2022	Checks, stubs, or earnings statements. Contact the employer Employer. Form 1028 Employment Verification Workshop or State School reimbursement officer



Name(s)	Program(s)	Information/Action Requested	Acceptable Verification/Proof
Isa Omarzada	Food Stamps	Provide verification of your earned income for the following pay periods. NORDSTROM INC: 02/11/2022	Checks, stubs, or earnings statements. Contact the employer Employer. Form 1028 Employment Verification Workshop or State School reimbursement officer
Isa Omarzada	Food Stamps	Provide verification of your earned income for the following pay periods. NORDSTROM INC: 02/25/2022	Checks, stubs, or earnings statements. Contact the employer Employer. Form 1028 Employment Verification Workshop or State School reimbursement officer
Isa Omarzada	Food Stamps	Provide verification of your earned income for the following pay periods. WALMART: 03/17/2022	Checks, stubs, or earnings statements. Contact the employer Employer. Form 1028 Employment Verification Workshop or State School reimbursement officer
Isa Omarzada	Food Stamps	Provide verification that you lost your job.	Employer Employment records Form 1028 Employment Verification





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

Case Number: 1047381827

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 determinar si usted reúne los requisitos para los servicios.

Vea la página 1 para saber cómo enviarnos sus documentos.



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TEXAS HEALTH AND HUMAN SERVICES COMMISSION
P O BOX 149027
AUSTIN, TEXAS 78714-9027



Date: 03/11/2022
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1-877-541-7905
Fax: 1-877-447-2839
Mail: TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
P O BOX 149027
AUSTIN, TEXAS 78714-9027

If you are deaf, hard of hearing, or speech
impaired, call 7-1-1 or 1-800-735-2989.

All numbers are free to call.

ISA MOHAMMAD OMARZADA
APT 1123
5765 BOZEMAN DR
PLANO TX 75024-5607

Note to Isa Mohammad Omarzada :

This form is for your employer. They need to fill out the form and return it by 03/21/2022 . You must agree to let them give facts about you.
Fill out and sign this agreement:

I, (print your name) Isa Mohammad Omarzada allow HHSC to give my Social Security number (SSN) to the employer listed on this form.
My SSN can be used to get facts about my employment. I also allow the employer listed on this form to give facts asked on this form to HHSC.

Sign here

Date

Employer -- your help is needed:

We need proof that the following person is or was your employee.

Employee or former employee	Social Security number
Isa Mohammad Omarzada	

Some employers might get tax refunds or tax credits for hiring people who get certain state benefits.

To learn more, go to TexasWorkforce.org/wotc or email the Texas Workforce Commission at wotc@twc.state.tx.us.

Employer -- please follow these steps:

This person lives in a home in which someone is applying for state benefits. We need to know the amount of money this person makes or made from this job.

1. Please fill out the "Proof of Employment" form on the next page.
2. If a question doesn't apply, mark it with "N/A."
3. Return the form by 03/21/2022

To send this back to us, you can either: (a) give it to the employee listed above,
(b) mail it in the pre-paid envelope, or (c) fax it to 1-877-447-2839.



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Proof of Employment

Texas Health and Human Services Commission

Case number : 1047381827



1. Company or employer name: WALMART
2. Company or employer address - street, city, state, ZIP: _____
3. Employee name (as shown on your records): _____
4. Employee address (as shown on your records) - street, city, state, ZIP: _____
5. Is or was this person your employee? ☐ Yes ☐ No

If no: Stop here - sign and date the bottom of this form and return it.

If yes: Answer all the questions below. If a question doesn't apply, write "N/A."

6. Date hired: _____ 7. Date of first check: _____
8. What type of job does or did this person have? _____
9. This job is or was (mark all that apply): ☐ Full Time ☐ Part time ☐ Permanent ☐ Temporary
10. Average hours per pay period: _____
11. Rate of pay: \$ _____ per: ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Job
12. How often paid: ☐ Daily ☐ Once a week ☐ Every 2 weeks
☐ Twice a month ☐ Once a month ☐ Other: _____
13. Does or did this person get overtime pay? ☐ Yes - often ☐ Yes - rarely ☐ No - never
14. FICA or FIT withheld? ☐ Yes ☐ No
15. Is or was this person on leave without pay? ☐ Yes ☐ No

If yes: Start date of leave: _____ End date of leave: _____

16. Does this person have a profit sharing or pension plan? ☐ Yes ☐ No

If yes: What is the current value? \$ _____

17. Does your company offer health insurance? ☐ Yes ☐ No

If yes: This person is: ☐ Not enrolled ☐ Enrolled with family members ☐ Enrolled for self only

If yes: Name of insurance company: _____

18. Do you expect any changes to the facts above within the next few months? ☐ Yes ☐ No

If yes: Explain what will change: _____

19. On this chart, list all money this person got from jobs or training (Need more room? Add pages with the same facts):

Date pay period ended	Date received	Actual hours	Gross pay amount (before taxes taken out)	Other pay(include tips, commissions and bonuses)	EITC Advance amount	Total Pretax Contributions

20. If you entered an amount in the "Other pay" column on the chart, tell us **when** and **how often** this person gets this other pay: _____

21. Does this person still work for you? ☐ Yes ☐ No

If no: Date separated: _____ Reason for separation: _____

Date of last check sent: _____ Gross amount of last check sent: \$ _____

Employer - read, sign, and date:

I confirm that this information is true and correct to the best of my knowledge:

Employer -sign here

Date

Title

Phone number

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TEXAS HEALTH AND HUMAN SERVICES COMMISSION
P O BOX 149027
AUSTIN, TEXAS 78714-9027



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Proof of Employment

Texas Health and Human Services Commission

Case number : 1047381827



1. Company or employer name: NORDSTROM INC
2. Company or employer address - street, city, state, ZIP: _____
3. Employee name (as shown on your records): _____
4. Employee address (as shown on your records) - street, city, state, ZIP: _____
5. Is or was this person your employee? ☐ Yes ☐ No

If no: Stop here - sign and date the bottom of this form and return it.

If yes: Answer all the questions below. If a question doesn't apply, write "N/A."

6. Date hired: _____ 7. Date of first check: _____
8. What type of job does or did this person have? _____
9. This job is or was (mark all that apply): ☐ Full Time ☐ Part time ☐ Permanent ☐ Temporary
10. Average hours per pay period: _____
11. Rate of pay: \$ _____ per: ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Job
12. How often paid: ☐ Daily ☐ Once a week ☐ Every 2 weeks
☐ Twice a month ☐ Once a month ☐ Other: _____
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Employer - read, sign, and date:

I confirm that this information is true and correct to the best of my knowledge:

Employer -sign here

Date

Title

Phone number

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LANDLORD VERIFICATION /VERIFICACIÓN DEL DUEÑO

(This form must be completed by the client's landlord or a representative.)
(El dueño de la vivienda del cliente o un representante suyo debe llenar esta forma).



Client Name/Nombre del cliente	Case Number/Número de caso
Isa Mohammad Omarzada	1047381827

Please provide the tenant's complete residential address/Favor de dar la dirección completa del domicilio del rentero:

Street Address/Dirección	Apt. No./Núm. de Apto.	City/Ciudad	ZIP
5765 Bozeman DR	APT 1123	Plano	75024

1. Date tenant moved in

Fecha en que el rentero ocupó la vivienda

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

¿Cuántas personas viven en la casa o en el apartamento?

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

Dé el nombre de las personas que viven en la casa o en el apartamento. Si sabe el nombre del empleador de cada persona, escríbalo:

Name of Person Nombre de la Persona	Working?/¿Trabaja?		Employer Empleador
	Yes /Sí	No	

4. Questions about the rent payment: /Preguntas sobre el pago de la renta:

Amount of Rent/Cantidad del pago \$	Tenant's Portion of Rent/Porción que paga el rentero \$	Person making payment/¿Quién paga?
How often paid? /¿Con qué frecuencia se paga la renta? <input type="checkbox"/> Weekly Cada Semana <input type="checkbox"/> Every Two Weeks Cada Quincena <input type="checkbox"/> Twice a Month Dos Veces al Mes <input type="checkbox"/> Monthly Cada Mes		
Method of payment? /¿Cómo se paga? <input type="checkbox"/> Cash En efectivo <input type="checkbox"/> Check Cheque <input type="checkbox"/> Money Order Giro Postal <input type="checkbox"/> Other (explain): Otro (explique):		
Is the tenant current in paying the rent? ¿Está al día en el pago de la renta? <input type="checkbox"/> Yes Si <input type="checkbox"/> No No If "No," when was the last month rent was paid? Si marca "No", ¿cuál fue el último mes que pagó?		What is the total amount of past due rent? ¿Cuánto se debe de renta? \$





5. Questions about the utilities/Preguntas sobre los servicios públicos:

Are all utilities included in rent? ¿Están incluidos los servicios públicos en la renta?	<input type="checkbox"/> Yes Si	<input type="checkbox"/> No	
Utilities the Tenant is responsible for paying (check all that apply): Servicios públicos que el rentero tiene que pagar (marque los que apliquen):	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric Electricidad	<input type="checkbox"/> Telephone Teléfono
Utility bills are paid directly to: Las cuentas de los servicios se pagan directamente a:	<input type="checkbox"/> Landlord Dueño	<input type="checkbox"/> Utility Company Compañía de servicios públicos	

Landlord or Representative Name (printed)/ Nombre del Dueño de la vivienda o de su Representante (en letra de molde)	Signature - Landlord or Representative Firma - Dueño o su Representante	Date/Fecha
	Business Address or Residential Address/Dirección del Negocio o Dirección del Domicilio	
		Telephone/Teléfono

