

VERIFICATION OF REGULAR CONTRIBUTIONS

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of contributor)

Date: _____

Mode of Delivery:

- Mailed Date: _____
 Faxed Date: _____
 Hand Delivered Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY PERSON PROVIDING REGULAR CONTRIBUTIONS

I hereby certify that effective _____ (mm/dd/yy), I pay \$ _____ per (month/week/bimonthly) to the support of _____ (resident's name) who resides at _____ (Address)
City _____ State _____ as of _____ (mm/dd/yy).

Additional remarks: _____

Contributor's Signature

Contributor's Printed Name

Date

Contributor's Address

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.