

VERIFICATION OF REGULAR CONTRIBUTION

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 income 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 will contribute \$_____ per (☐ month/ ☐ week/ ☐ bi-monthly)

to the support of _____ (resident's name) who resides at _____

City _____ State _____ as of _____ (Address) _____ (mm/dd/yy).

Additional remarks: _____

Contributor's Signature

Contributor's Printed Name

Date

Contributor's Name and 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.