

VERIFICATION OF RECURRING CASH CONTRIBUTION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND SIGNED BY TENANT

RESIDENT NAME _____ DATE: _____

UNIT # _____

I hereby authorize the release of information regarding recurring cash contributions that I receive.

SIGNED: _____

DATE: _____

The person listed above is an applicant/tenant of a housing program that requires verification of any income. As part of our processing, it is necessary that we obtain verification of his/her recurring cash contributions and anticipated Gross Annual Contributions.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail or fax rather than have the above individual hand-deliver). Your timely response is essential and greatly appreciated.

Sincerely,

Please return form (by mail/fax only) to:

Project Management Agent

THE FOLLOWING TO BE COMPLETED BY THE CONTRIBUTOR:

Purpose of Cash Contribution:

Amount anticipated to be contributed in the next 12 months? \$ _____

Signature of Contributor

Date

Print Name

Number and Street

Telephone

City, State, Zip Code

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