

**VERIFICATION OF REGULAR CONTRIBUTION**

**THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT**

**TO:** \_\_\_\_\_  
Name & Address of person providing contributions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number      Fax Number

**RE:** \_\_\_\_\_  
Applicant/Tenant Name  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Unit # (if assigned)

I hereby authorize release of my 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 and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

\_\_\_\_\_  
Signature of Owner's Representative

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY PERSON PROVIDING REGULAR CONTRIBUTIONS**

I hereby certify that effective: \_\_\_\_\_ (mm/dd/yy), I will contribute: \_\_\_\_\_  month/  week/  bi-monthly

to the support of: \_\_\_\_\_ who resides at: \_\_\_\_\_  
(resident's name)      (Address)

Additional Remarks: (please indicate any anticipated changes.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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.