

VERIFICATION OF RECURRING GIFT

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of payer)

Date: _____

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 to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Development Owner/Management Agent

EMAIL, MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY PAYOR

Name of financial assistance provider: _____ Relationship: _____

Financial assistance monthly gross amount: _____

Are any changes to the above amount expected within the next twelve (12) months? ☐ Yes ☐ No

If yes, please complete the following:

Date of Expected Change: _____

Anticipated Monthly Gross Amount: _____

I certify that the above information is true and correct to the best of my knowledge.

Signature Printed Name Date

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.