

RECURRING GIFT VERIFICATION

THIS SECTION TO BE COMPLETED BY OWNER / PROPERTY MANAGER

Applicant/Tenant Name: _____ Date: _____
Property Name: _____ Unit #: _____

Applicant has applied for residency/is a resident at: _____

The person listed above has indicated that he/she is receiving support from you. As part of our processing, it is necessary to obtain verification of gift income. This would be any monies given on a regular basis for rent or living necessities. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Please complete the section below and return it to: _____

Thank you, _____
Owner / Property Manager Signature

RELEASE STATEMENT TO BE COMPLETED BY APPLICANT/TENANT

I hereby authorize the above-named property/management agent to make inquiries regarding recurring gift and contribution for the purpose of determining my eligibility for occupancy.

Applicant / Tenant Signature Date

THE FOLLOWING TO BE COMPLETED BY GIFT PROVIDER

Gift Provider Name: _____

This will certify that I contribute \$ _____ Per: Week Bi-week Month Year
To: _____ For the purpose of: _____

Gift Provider Signature: _____ Date: _____
Phone Number: _____

ORIGINAL SIGNATURES REQUIRED / ELECTRONIC SIGNATURE NOT ACCEPTED

WARNING: SECTION 1001 OF TITLE 18 U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAIN FEDERAL FUNDS.