

**SAMPLE  
RECURRING CASH CONTRIBUTION VERIFICATION**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has applied for residency (or is a resident) at \_\_\_\_\_ . As part of our processing, it is necessary that we obtain verification of his/her recurring cash contributions. The applicant/resident hereby authorizes the release of information regarding his/her recurring cash contributions.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Printed Name of Applicant/Resident	Printed Name of Manager
Signature of Applicant/Resident      Date	Signature of Manager                      Date
	Manager's Phone Number

**THE FOLLOWING IS TO BE COMPLETED BY CONTRIBUTOR:**

Purpose of Cash Contribution:  
\_\_\_\_\_  
\_\_\_\_\_

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

Printed Name of Contributor	
Signature	
Date	Phone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.