

**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.

NOTE:

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 AFFIDAVIT IS TO BE COMPLETED BY CONTRIBUTOR:

The Contributor as indicated below, being duly sworn, deposes and says that the following is true to the best of his/her knowledge, information and belief:

A cash contribution is being made on behalf of the above named applicant/resident, and the purpose of the said contribution is for: _____

and the amount anticipated to be contributed in the next 12 months is \$_____.

Printed Name of Contributor

Signature

Date

Phone Number

Commonwealth of Pennsylvania

County of _____

Signed and sworn to (or affirmed) before me on _____, 20____, by _____.

Signature of Notarial Officer

PENALTIES FOR MISUSING THIS VERIFICATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at ** 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408 (a) (6), (7) and (8).**

