

RECURRING GIFT VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____

CONTRIBUTOR NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: _____

SIGNATURE: _____

The following is to be completed by contributor

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above individual.
(Note: Information provided may require additional documentation)

Current Contribution: \$ _____

Frequency (select one): Monthly Quarterly Annually Other: _____

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 Contribution: \$ _____

Frequency (select one): Monthly Quarterly Annually Other: _____

CONTRIBUTOR SIGNATURE:

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

Printed Name

Signature

Date