

Informal Support Verification

To: _____

From: _____

Phone: _____

Phone: _____

To Whom It May Concern:

I have applied or am currently a resident at the above noted Apartment Community. I am required to disclose and verify my income, income from assets and all other reasonable, anticipated income for the next twelve months. I would appreciate your cooperation in completing the following questionnaire and returning it to the address listed above.

Resident/Applicant's Printed Name

Resident/Applicant's Printed Name

For Informal Support Provider's Use Only

1. Amount of monthly income provided to household: _____
2. Effective date monthly income began: _____ ended (or will end): _____
3. Additional comments: _____

I sign, declare and certify under penalty of perjury and with full knowledge of the repercussions of willful falsification and false swearing under my State's law that the preceding information is correct to the best of my knowledge and agree to notify the site office of any changes.

Payer's Signature: _____

Date: _____

Printed Name: _____

Phone Number: _____

Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.