

PERIODIC MONETARY ASSISTANCE VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community:

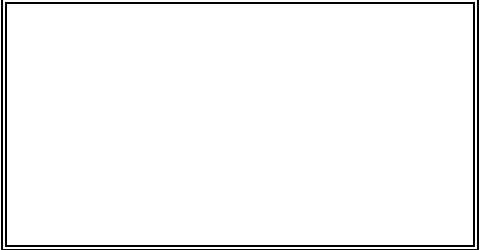
Project Name: _____ Unit Number (if assigned): _____

Building Address: _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by the Low Income Housing Tax Credit (LIHTC) and/or HOME programs.

Applicant/Tenant Signature

Return Form to:



Printed Name of Applicant/Tenant

Date Social Security #

THIS SECTION TO BE COMPLETED BY AGENCY/PERSON PROVIDING ASSISTANCE

The above-named individual has applied for residency or is currently residing in housing that requires verification of all income being received. Please provide the information requested below:

1. I/We provide \$ _____ per week month year in cash assistance to the above-named person and will continue to do so for the next _____ months.
2. I/We purchase, or expect to purchase, items for the benefit of the above-named person. The following is a description of the items purchased and the anticipated annual cost:

Description: _____

Annual Cost: \$ _____

3. I/We pay for, or expect to pay for, household expenses, including utilities for the benefit of the above-named person. The following is a description of the household expenses to be paid and the anticipated annual cost:

Description: _____

Annual Cost: \$ _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Organization: _____

Relationship to Applicant/Tenant: _____

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.