

RECURRING GIFT VERIFICATION

DATE: _____

TO: _____
ADDRESS: _____
TEL: _____ FAX: _____

FROM: _____
ADDRESS: _____
MANAGER: _____
TEL: _____ FAX: _____

Mr./Ms. _____ has applied for residency. As part of our processing, it is necessary to obtain verification of gift income. Please complete the section below and return it in the enclosed self-addressed envelope. Thank you for your prompt response.

RELEASE STATEMENT

I hereby authorize the above named management agent to make inquiries regarding recurring gift and contribution for the purpose of determining my eligibility for occupancy.

SIGNATURE _____

DATE _____

THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

I, _____, hereby certify that I contribute \$ _____ (a) per _____ (b) (frequency: weekly, monthly, yearly, etc..) to the above named household for the purpose of _____.

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 Monthly Gross Amount: _____

Printed Name of Person Completing _____

Signature of Person Completing _____

Phone _____

Date _____

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT/TENANT _____

DATE _____

PRINTED NAME _____

TELEPHONE _____

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtain federal funds.

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