



Statement of Contribution

To Be Used If Source of Income is Monetary Contributions

Applicant/Resident _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

As an active participant of the Housing Assistant Program, I hereby grant permission for you to release the following information to East Georgia Housing Authority Partners.

Signature of Resident/Applicant

Date

To Be Completed by Contributor Only

Dear Sir/Madame: The laws of the United States and the Department of Housing and Urban Development (HUD) which made possible the Housing Assistance Program require reviews of the incomes of all families applying for or participating in the Housing Assistance Program. We are requesting your cooperation in supplying the following information which will assist us in determining the rent to be paid by the applicant or participant shown above, who is assisted by you.

Name _____ Address _____
(Contributor)

City _____ State _____ Zip Code _____ Phone _____

Amount Contributed: \$ _____

Contribution Frequency: Weekly _____ Bi-Weekly _____ Monthly _____

I, _____ (contributing person), deem all information I have provided to East Georgia Housing Authority Partners is true and complete.

Signature of Contributor

Date

HUD Federal guidelines require all persons receiving Housing Assistance to comply with all rules and regulations.

Crawfordville Property 301 Thompson Street Crawfordville, Georgia 30631	Harlem Property 140 E. Milledgeville Road Harlem, Georgia 30814	Thomson Property 219 Pecan Avenue Thomson, Georgia 30824	Warrenton Property PO Box 2 Warrenton, Georgia 30828
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