



525 SOUTH LAWRENCE STREET
MONTGOMERY, ALABAMA 36104-4611
PHONE: (334)-206-7200 - FAX: (334)-206-7204 - WEBSITE: MHATODAY.ORG

Regular Contributions & Gifts Certification

Date: Household Member:

To: Last 4 Digits SSN:

ATTN:

The household member named above has applied for, or is recertifying eligibility for, housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires us to verify all information that is used in determining the person's eligibility or level of benefits. An Authorization to Release Information is attached to this form.

Your prompt return of this form by either fax 334-206-7204 or email at to help to ensure timely processing of the assistance application/recertification. If you have any questions, please feel free to contact me at (334) 206-

Thank you for your cooperation.

INFORMATION REQUESTED

I, (Name of Individual Providing Contribution), certify that I contribute the following items

in support of (Print Name of Applicant/Participant).

Table with 3 columns: ITEM, AMOUNT, FREQUENCY (Weekly, Bi-Weekly, Monthly, etc). Rows include Cash, Rent, Utilities: Electric, Gas, Water/Sewer, and Phone.

Hearing impaired assistance is available in Alabama by dialing 711
Crime and Fraud hotline - call: 334-206-7111



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Form with categories: Groceries, Personal Hygiene Products, Child Care, Automobile (Gas, Oil, Insurance), Bus Fare Transportation, Health (Life, Medical, Dental), Legal, Clothing, Laundry/Dry Cleaning, Other, and TOTAL. Each category includes a dollar amount field and frequency checkboxes (Weekly, Bi-Weekly, Monthly).

Warning!!! Title 18 Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Signature of Individual Providing Contribution

Date

Relationship to Applicant/Participant

Phone Number

Notary Signature

Date

My Commission Expires:

Seal

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