



525 SOUTH LAWRENCE STREET
MONTGOMERY, ALABAMA 36104-4611
PHONE: (334)-206-7200 – FAX: (334)-206-7204 – WEBSITE: M H A T O D A Y . O R G

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

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

<u>ITEM</u>	<u>AMOUNT</u>	<u>FREQUENCY (Weekly, Bi-Weekly, Monthly , etc)</u>
Cash:	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Rent:	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Utilities:Electric	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Gas	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Water/Sewer	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Phone	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly

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



525 SOUTH LAWRENCE STREET
 MONTGOMERY, ALABAMA 36104-4611
 PHONE: (334)-206-7200 – FAX: (334)-206-7204 – WEBSITE: M H A T O D A Y . O R G

Groceries:	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Personal Hygiene Products:	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Child Care:	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Automobile:		
Gas	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Oil	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Insurance	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Bus Fare Transportation:	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Health:		
Life	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Medical	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Dental	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Legal:	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Clothing:	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Laundry/Dry Cleaning:	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Other: _____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
TOTAL:	\$ _____	

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

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