VERIFICATION OF REGULAR CONTRIBUTION

	THIS SECTION TO BE	COMPLETED BY MAN	AGEMENT ANI	EXECUTE	ED BY TENANT
TO:	(Name & address of contributor)		Date:		
				Date:	Date:
RE.					
KL	Applicant/Tenant Name		Social Security Nun	nber	Unit # (if assigned)
I hereby	authorize release of my income informati	on.			
Signature of Applicant/Tenant			Date		
_	Project Owner/Management A	Return Form To:	N PROVIDING R	REGULAR (CONTRIBUTIONS
I hereby certify that effective					
to the su	pport of	(resident's name)	who resides at	(Addrass)	
City	State	as of		(Address)	(mm/dd/yy).
Addition	nal remarks:				
	Contributor's Signature	Contributor's Prin	nted Name		Date
		Contributor's Name and A	ddress		
Phone #					E-mail

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.