

RECURRING GIFT AFFIDAVIT

TO: _____ DATE: _____ APT. #: _____

TEL #: _____
FROM: _____ DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

RE: _____
TEL #: _____ FAX #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I receive income in the amount of \$ _____ per **(Circle One)** week month year
from _____

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

TO BE COMPLETED BY THE PARTY DISBURSING INCOME:

1. Type of Income: _____
2. Frequency of Income: (i.e., weekly, monthly, etc.) _____
3. GROSS Amount of Income per Period: \$ _____
4. GROSS Annual Income: \$ _____

Under penalties of perjury, I hereby certify that the information provided is accurate and complete. I understand that providing false or misleading information may subject me to criminal penalties.

Signature of Person Verifying Information

Date

OFFICE USE ONLY:

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