

Housing Authority of the City of Orange

516 Burton Avenue P.O. Box 3107 Orange, TX 77631-3107 | Phone: 409.883.5882 | Fax: 409.883.8014 | www.orangeha.com

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.

Your prompt return of this form to Orange Housing Authority either **FAX (409-883-8014)** or in the enclosed envelope will help to ensure timely processing of the assistance application/recertification. If you have any questions, please feel free to contact me at (409-883-5882). Thank you for your cooperation.

Applicant/Participant Release

I _____ hereby authorize the release of the requested information.

X

Signature

Date

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

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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