



Regular Contributions & Gifts Certification

Date: _____ Household Member: _____

To: Housing Authority of the City of Orange Last 4 Digits SSN: _____

516 Burton

Orange, TX 77630

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: \$ _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

516 Burton Ave. * Orange, TX 77630 * (409) 883-5882 * (409) 883-8014 fax * www.orangeha.com

A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY AGENCY

The Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Housing Authority office for assistance. Hearing impaired may contact Relay Texas at 1-800-735-2989 or 7-1-1.

Hearing impaired assistance is available in Texas by dialing 711

HACO (11/2016)



Personal Hygiene Products:

\$ _____

☐ Weekly ☐ Bi-Weekly ☐

Monthly

Child Care:

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Automobile: Gas

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Oil

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Insurance

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Bus Fare Transportation:

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Health:

Life

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Medical

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Dental

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Legal:

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Clothing:

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Laundry/Dry Cleaning:

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly

Other: _____

\$ _____

☐ Weekly ☐ Bi-Weekly ☐ 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

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HACO (11/2016)