



# HOUSING AUTHORITY

## *of the City of Orange, Texas*

### 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

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

516 Burton Ave\* Orange, TX 77630 \* (409) 951-7280

#### 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 Orange Housing Authority office for assistance. Hearing impaired may contact Relay Texas at [1-800-735-2989](tel:1-800-735-2989) or 7-1-1.*



# HOUSING AUTHORITY

*of the City of Orange, Texas*

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

\_\_\_\_\_  
Signature of Individual Providing Contribution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Applicant/Participant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

My Commission Expires: \_\_\_\_\_  
Seal

516 Burton Ave\* Orange, TX 77630 \* (409) 951-7280

**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 Orange Housing Authority office for assistance. Hearing impaired may contact Relay Texas at [1-800-735-2989](tel:1-800-735-2989) or 7-1-1.*