



St. Charles Parish Housing Authority
200 Boutte Drive, P.O. Box 448, Boutte, LA 70039
(985) 785-2601, Fax (985) 785-6238

VERIFICATION OF SUPPORT (PAYOR) FOR REGULAR RECURRING CASH CONTRIBUTIONS OR GIFTS

The person(s) named below are either applicants for, or participants in a federally funded housing assistance program. Please provide the information requested and return to our office via fax or mail as quickly as possible to avoid delay of their benefits in the Section 8/HCVP or Public Housing or other agency sponsored programs.

To: _____ RE: _____
Address: _____ Address: _____
City/State: _____ City/State: _____
SSN: _____

IN AUTHORIZATION OF THIS INFORMATION, I HAVE RELEASED YOU, YOUR ORGANIZATION OR OTHERS FROM ANY LIABILITY OR DAMAGE, WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.

(Signature) _____ (Date) _____

I, _____ do hereby affirm that I expect to contribute the sum of \$____ per [] week or [] month to:
Recipient's Name: _____
For: _____
Recipient's Address: _____



Describe purpose of cash support: _____

If cash support is for care of minor children, please identify below:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Contributor Information: _____

Print Name: _____

Signature: _____

Phone: _____

Address: _____ City /State/Zip: _____

Housing Agency Representative: _____ Date: _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false, fraudulent statements to any department or agency of the United States Government is guilty of a felony.