



Head of Household: _____ **Who Receives Contribution? :** _____

Signature of Release:_____ **Date:**_____

This section is to be filled out and signed by person(s) giving contributions.

I, _____, hereby certify that I contribute \$_____ each month to _____'s household for the purpose of _____.
ie: groceries, bill payments, child support, other..

Initial Below

_____ I certify that I am committing to provide the above named household with a monthly Contribution of \$_____ for 12 full months or through the full one year lease term.

_____ I am certifying my intent to continue contributions for the next 12 months or the lease term, unless the household gains income from some other source.

_____ I am certifying I understand that my contribution to the household is counted as income received each month for the 12 month period or for the full lease term.

I certify that the statements above are understood in full. By signing this, I am certifying my intent to continue to contribute the listed amount to the above-named household for 12 months or the full lease term.

Printed Name _____ Signature _____ Date _____

Contribution 07142020 Return to: _____

Household's Certification of Continued Contribution

This section is to be filled out and signed by person(s) receiving contributions.

I, _____, hereby certify that I understand the contribution of \$_____ will be counted as monthly income and may affect the portion of rent that I pay each month for the next 12 months or the full lease term. I also understand that this contribution is counted toward my household's income. I also understand that I am required to report any changes, including changes in my contributions, within 10 days from the date of the change.

Initial Below

_____ I certify I understand the monthly contributions listed above may affect my portion of rent by *adding* to my household income for the next 12 months or full lease term.

_____ I am aware that the monthly contribution may *raise* my portion of rent I pay each month, for 12 months or the full lease term.

_____ I am aware that if I chose a unit that costs more than the Voucher Payment Standard, the amount that is *more* than the payment standard will continue to be my responsibility to pay as long as I remain in the unit, even if my income decreases.

I certify that the statements above are understood in full. By signing this, I am certifying I have been informed that if the contributions do not continue for the full year lease term, I may not be able to afford the unit I have chosen.

Printed Name

Signature

Date

WARNING: Section 1001 of Title 18 of the US code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Contribution 07142020

Return to: _____