



CONTRIBUTION FORM

DATE: _____

TO: _____

Mr./Ms. _____ has applied for residency with the Housing Authority of the City of Lumberton. As part of our processing, it is necessary to obtain verification of his/her income status. Please complete the section below and return it via fax to **(910) 802-4526** or to the address listed above. Thank you for your prompt response.

RELEASE STATEMENT

I hereby authorize the Housing Authority of the City of Lumberton to make inquiries regarding my income status for the purpose of determining my eligibility.

SIGNATURE OF APPLICANT/TENANT

DATE

THE FOLLOWING TO BE COMPLETED BY CONTRIBUTOR

I, _____, hereby certify that I contribute \$_____ per week month year to the above-named household for the purpose of _____.

Are any changes to the above amount expected within the next twelve (12) months? Yes No
If yes, please complete the following:

Date of Expected Change: _____ Anticipated Monthly Gross Amount: _____

Printed Name of Person Completing: _____

SIGNATURE OF PERSON SIGNING

Phone

Date

I hereby certify that the information provided is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT/TENANT

DATE

VERIFIED BY (HACL EMPLOYEE)

DATE

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