

Recurring Cash Contributions Verification

Date: \_\_\_\_\_ From: \_\_\_\_\_  
 \_\_\_\_\_  
 Apartment Community Name

To: \_\_\_\_\_ \_\_\_\_\_  
 Name of Contributor Management Representative

\_\_\_\_\_ \_\_\_\_\_  
 Address Address

\_\_\_\_\_ \_\_\_\_\_  
 City, State, Zip City, State, Zip

\_\_\_\_\_ \_\_\_\_\_  
 Telephone Number(s) with area code Office Telephone Number

Subject: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Name of Applicant/Resident Apartment # Social Security Number

We are required to verify all recurring cash contributions of all household members recertifying or applying for admission as residents to the Sacramento Housing and Redevelopment Agency assisted housing apartment listed above. This information is to be used in determining the household's eligibility. To comply with this requirement, we ask your cooperation in completing the applicable items for the applicant/resident listed above, obtain official seal and signature from an official Notary Public, and return this information to the apartment community listed above. Your prompt return of this information will help assure timely processing of the application/recertification. The applicant/resident has consented to the release of information as shown on the below.

Thank You.

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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 120-days.

\_\_\_\_\_  
 Applicant/Resident Signature Date

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Recurring Cash Contributions Verification (continued)



**INFORMATION REQUESTED:**

\$ \_\_\_\_\_  
Amount of contribution Purpose of Cash Contribution

Frequency of contribution (circle one): Weekly Monthly Annually Other (describe): \_\_\_\_\_

\$ \_\_\_\_\_  
Deductions (if any) Reason

\$ \_\_\_\_\_  
Anticipated changes for Reason  
the next 12 months

\_\_\_\_\_  
Signature of Contributor Print Name of Contributor Date

\_\_\_\_\_  
Address of Contributor (if different than above)

\_\_\_\_\_  
Telephone Number(s) with area code (if different than above):

State of \_\_\_\_\_ } \_\_\_\_\_  
County of \_\_\_\_\_ S.S.

On \_\_\_\_\_, \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public in and for said County and State

\_\_\_\_\_  
Telephone Number(s) with area code

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f) (g) and (h).

