## Exhibit 18

## **Recurring Cash Contributions Verification**

Date:	From:			
		tment Community Name		
То:				
Name of Contributor	Mana	gement Representative		
Address	Addre	Address		
City, State, Zip	City, S	City, State, Zip		
Telephone Number(s) with area code	Office	Office Telephone Number		
Subject:				
Name of Applicant/Resident	Apartment #	Social Security Number		

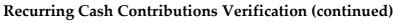
We are required to verify all recurring cash contributions of all household members recertifying or applying for admission as residents to the Sacramento Housing and Redevelopment Agency assisted housing apartment listed above. This information is to be used in determining the household's eligibility. 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.

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Continue	ed on next page.
	Continue



Multifamily Housing Program Compliance and Monitoring Requirements Exhibit 18-1

## INFORMATION REQUESTED:

\$					
	Purpose of Cash Contribution				
Frequency of contribution	(circle one): Weekly Monthly	Annually O	ther (describe)	:	
\$	Reason				
Deductions (if any)	Reason				
\$					
Anticipated changes for the next 12 months	Reason				
Signature of Contributor	Print Name of	Contributor		Date	
Address of Contributor (if	different than above)				
Telephone Number(s) with	n area code (if different than abov	ve):			
State of	S.S	}			
County of	S.S				
County and State, person proved to me on the basis instrument and acknowled	before me, ally appeared s of satisfactory evidence to be the dged to me that he/she/they exect ature(s) on the instrument the per ment.	ne person(s) who uted the same in	ose name(s) is/ his/her/their a	personally kno are subscribed t authorized capa	wn to me or to the within city(ies), and
WITNESS my hand and of		ry Public in and	for said Count	ty and State	_
	Telep	Telephone Number(s) with area code			
	HIS CONSENT: Title 18, Section 1001 of	the U.S. Code states	s that a person is o		knowingly and

