



Housing Authority of the City of Rosenberg

VERIFICATION OF CONTRIBUTIONS (RECERT___/INTERIM___/WAITING LIST___)

APPLICANT/TENANT NAME: _____ SS# _____

NAME OF CONTRIBUTOR: _____

PHONE NUMBER

ADDRESS OF CONTRIBUTOR: _____

ADDRESS

CITY/STATE

ZIP

The individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

Rosenberg Housing Authority
Contract Name

(281) 342-1456
Telephone Number

I hereby authorize the release of the information requested below.

X _____

Signature

Date

TO BE COMPLETED BY CONTRIBUTOR:

I expect to contribute per \$ _____, _____, _____ to the above listed household.
WEEK MONTH YEAR

I certify that the preceding information is true and correct.

Signature of Contributor

Date

Telephone Number

RETURN TO THE ADDRESS BELOW

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

117 LANE DR., SUITE 18 • ROSENBERG, TEXAS 77471 • TELEPHONE (281) 342-1456 • FAX (281) 232-2920
Office Hours: Monday through Thursday 9:00 to 12:00 a.m. and 1:00 to 5:00 p.m.