

VERIFICATION OF INFORMAL SUPPORT

Client

SSN

Address

City

State

Zip

The person referenced above is a participant in a project funded by the Neighborhood Stabilization Program. The U.S. Department of Housing and Urban Development (HUD) requires that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.

Signature of Client

Date

I certify that I provide assistance in the amount of \$ _____ each month.

The assistance provided is for _____.

Please list other assistance provided: _____

I certify that this information is accurate.

Signature

Name (print)

Relationship to Client

Date

Agency

Telephone Number

Address

City

State

Zip

WARNING: *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within it's jurisdiction.*