

## VERIFICATION OF DONATIONS / GIFTS

**Date:** \_\_\_\_\_ **Name of Caseworker:** \_\_\_\_\_

**Head of Household:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

I have applied for housing assistance and understand that all statements concerning income must be verified to properly process the application and determine eligibility. I have no objections to inquiries being made for the purpose of verification.

\_\_\_\_\_  
**Signature of Applicant/Tenant** **Date**

The above named individual has applied for, or is receiving, housing assistance with the Macon-Bibb County Housing Authority. Federal regulations require that we verify donations and/or gifts given to applicants/tenants for the purpose of determining rental assistance eligibility. Please complete and/or correct ALL information requested. If you have any questions, please call the undersigned at (478) 752-5000, Monday – Friday, 8:00 am – 5:00 pm. Thank you for your cooperation and assistance.

\_\_\_\_\_  
MHA Representative Department

### CASH MONEY AND/OR PURCHASES CONTRIBUTED AS GIFTS/DONATIONS

I, \_\_\_\_\_, do hereby swear or affirm that I contribute\$ \_\_\_\_\_  
Name of Contributor

per ☐ week ☐ month in the form of cash money or purchases to \_\_\_\_\_,

Recipient's Name

\_\_\_\_\_ as a gift and/or donation.

Recipient's Address

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name Street Address

\_\_\_\_\_  
Signature City State Zip

\_\_\_\_\_  
Phone Number (w/ Area Code) Social Security Number (optional)

**WARNING!** Title 18, Section 1001 of the United States Code, states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States government.

**Please return form to:** **Admissions / Recertification**  
**Macon-Bibb County Housing Authority**  
**PO Box 4928**  
**Macon GA 31208-4928**