



Housing Assistance
2015 Felton Avenue
PO Box 4928
Macon, GA 31208

VERIFICATION OF DONATIONS / GIFTS

Section 8
Public Housing

Date: Name of Caseworker or RSC:

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 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 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, Name of Contributor, do hereby swear or affirm that I contribute \$ 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 Housing Authority
PO Box 4928
Macon GA 31208-4928