

# Verification of: Recurring Cash Contributions

Federal Regulations require us to verify Recurring Cash Contributions of all members of the household applying for participation in the HOME/NSP Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

I hereby authorize the release of the information requested below.

Please fax back to: Asset Management & Realty, Inc.  
P.O. Box 1558, Fort Lauderdale, FL 33302  
Fax-954-671-6390

\_\_\_\_\_  
Name and Address of Applicant(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## THIS SECTION TO BE COMPLETED BY CONTRIBUTOR

Purpose of Cash Contribution

Help with rent payments

Help with living expenses

Gift

Amounts anticipated to be received during the next 12 months:

Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____
Date _____	\$ _____	Date _____	\$ _____

\_\_\_\_\_  
Contributor Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Title (please print)

**WARNING: Title 18, section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

