



Verification of Household Contributions

Caseworker: _____

Name of Head of Household: _____ Last four of Social Security #: _____

I hereby authorize the release of the information requested below. Information obtained under this consent is limited to information that is no older than 12 months.

Signature of Head of Household Date

To be completed by Contributor Only

We are required to verify the income and expenses of all members of the families applying for or residing in housing. This information will be held in confidence for use only in determining the eligibility status and rent of the family.

I hereby certify that I pay the total sum of \$ _____ per month week year

For the following Food Childcare Child Support Utilities Other _____

Date Payments Began: _____ Date Payments ended: _____

Month/Year	Amount paid	Month/Year	Amount paid:

Comments:

Print Name & Signature of Contributor Telephone Number of Contributor

Relationship to Head of Household Date

Updated 5/3/23 SG

