



JACKSON HOUSING AUTHORITY
 2747 LIVINGSTON ROAD JACKSON, MS 39213
 P.O.BOX 11327 JACKSON, MS 39283
 PHONE: 601-362-0885 FAX: 601-982-4733

CASH GIFT VERIFICATION FORM

PLEASE RETURN FORM TO:

Jackson Housing Authority
 HCV Department
 2747 Livingston Road
 Jackson, MS 39213

NAME: _____

ADDRESS: _____

SUBJECT: Verification of Information Supplied by Applicant/Tenant for Housing Assistance.

This person has applied for housing assistance under a program provided by the U.S. Department of Housing and Urban Development (HUD). HUD requires the Public Housing Agency to verify all information used in determining this person's eligibility or level of benefits. In order to assist them on rent amounts, it is necessary to verify the amount of cash gift received.

We ask your cooperation in providing the following information and returning it to the above address. Your prompt return of this document will help ensure timely processing of the request for assistance.

**To Be Completed by Individual Providing Cash Gift
 (Please complete each question)**

The amount paid to the above applicant/tenant is:

Complete One Option Only

1. \$ _____ per week
2. \$ _____ per month
3. \$ _____ other (please specify) _____

By signing below, I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law.

 Name of Individual Offering Cash Assistance (Print) Address

 Signature Telephone Number

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE PROHIBITS KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS, OR CONCEALING INFORMATION TO ANY DEPARTMENT OR AGENCY WITHIN THE JURISDICTION OF THE FEDERAL GOVERNMENT OF THE UNITED STATES.

CERTIFICATION

State of Mississippi

County of _____

This is to certify that _____ personally appeared before me on the ____ day of _____, 20____

and acknowledged that he/she signed the foregoing statement as a free and voluntary act.

 Notary Public
 My commission expires: _____