



FLORENCE HOUSING AUTHORITY
HOUSING CHOICE VOUCHER DEPARTMENT
110 South Cypress Street, Florence, Alabama 35630
Telephone: (256) 740-5217 TRS: 711
Fax: (256) 768-3175

CONTRIBUTION AFFIDAVIT OF INCOME

STATE OF ALABAMA

LAUDERDALE COUNTY

This is to state that I, _____, will contribute \$ _____
(Contributor's Name)

per _____ to my _____, _____, as a
(Relationship) (Participant's Name)

contribution towards his/her support beginning on ___/___/___ and ending on ___/___/___.

Contributor's Date of Birth: ___/___/___ Social Security #: ___-___-___

Signature

Address

City, State and Zip Code

Telephone

Subscribed and sworn before me this ___ day of _____, 20___.

Notary Public

My Commission Expires: _____

Under penalty of perjury, my signature above certifies that the information presented on this document is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the participant termination from the program and punishable for all parties involved under federal and local laws. This form must be completed in its entirety in order for the Housing Authority to process.

