



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

STATE OF ALABAMA
LAUDERDALE COUNTY

This is to state that I, (Participant's Name), no longer receive a
contribution of \$ per from my (Relationship), (Contributor's Name)
as a contribution towards my support.

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.

