

**VERIFICATION OF REGULAR CONTRIBUTIONS**

TO: (Name & address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

RE: \_\_\_\_\_ Applicant/Tenant Name  
\_\_\_\_\_ Social Security Number  
\_\_\_\_\_ Unit # (if assigned)

I hereby authorize release of the requested information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

CENTER CITY HOUSING CORP.  
105 1/2 WEST FIRST STREET  
DULUTH, MN 55802

**THIS SECTION TO BE COMPLETED BY PERSON PROVIDING REGULAR CONTRIBUTIONS**

I hereby certify that I pay \$ \_\_\_\_\_ per \_\_\_\_\_ (Month/Week) to the support of:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip Code

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print your name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Title/Relationship: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.