



# THE HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY



RUSHERN L. BAKER III  
County Executive

ERIC C. BROWN  
Executive Director

## VERIFICATION OF SUPPORT

Contributor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_

### FOR CASH MONEY CONTRIBUTED:

I, \_\_\_\_\_, do hereby swear or affirm that I  
Contributor

Contribute the sum of \$ \_\_\_\_\_ per ( ) week; or ( ) month to

\_\_\_\_\_  
 Recipient's Name Recipient's Address

FOR: ( ) SUPPORT ( ) OTHER (i.e. alimony)  
 ( ) SUPPORT OF ( ) HIS ( ) HER Child or Children,

whose names are:

\_\_\_\_\_  
 \_\_\_\_\_

THIS FORM MUST BE NOTARIZED IN THE BELOW SPACE PROVIDED.

Notary

Contributor of Support

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

I have applied for housing assistance and understand that all statements concerning income must be verified to properly process the application and determine eligibility. I have no objection to inquiries being made for the purpose of verification.

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