**Commissioners**
LeRoy E. Brown, Chair
Shirley M. Anglin, Vice Chair
Elsie Akinbobola
June C. Anthony
Elaine Carter
Maryrose O. Nwadike
Avner "Jim" Young

# THE HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY

JACK B. JOHNSON
County Executive

VERIFICATION OF SUPPORT

Date: _____

Contributor Name: _____ 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

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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

**9400 Peppercorn Place, Suite 100 • Largo, Maryland 20774**
**(301) 883-5501 FAX (301) 883-3403 TDD (301) 883-5428**