



Alachua County Housing Authority

Gail Monahan, Executive Director
703 N.E. 1st Street · Gainesville, FL 32601
(352) 372-2549 · Fax (352) 373-4097

*****THIS FORM MUST BE NOTARIZED TO BE VALID*****

SUPPORT VERIFICATION AFFIDAVIT (FROM PAYER)

Date: _____

(Payer's Name)

Address

City, State, Zip

Contact No.

RE Housing Client

SS#:

Authorization to Release Information: (or see attached)
I Hereby authorize the release of the requested information.

Tenant/Applicant's Signature

Date

THIS SECTION TO BE COMPLETED BY PERSON PAYING SUPPORT

I hereby certify that I pay \$ _____ per: __:Week, __:Month

to _____ for support for:
(HOUSING CLIENT'S NAME)

How are these contributions used? _____

Comments? _____

**The following certification must be completed by the person PROVIDING assistance.
(Must be completed in presence of a Notary Public to be valid)**

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge.

I understand that false representation herein constitutes an act of FRAUD. False, misleading or incomplete information may result in termination of my lease agreement.

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$ 10,000.00; imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

Print Your Name

Signature

Date



Alachua County Housing Authority

Gail Monahan, Executive Director
703 N.E. 1st Street · Gainesville, FL 32601
(352) 372-2549 · Fax (352) 373-4097

**The following certification must be completed by the person RECEIVING assistance.
(Must be completed in presence of a Notary Public to be valid)**

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge.

I understand that false representation herein constitutes an act of FRAUD. False, misleading or incomplete information may result in termination of my lease agreement.

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$ 10,000.00; imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

Print Your Name

Signature

Date

State of _____ County Of _____.

Before me personally appeared _____ and
(Person Providing Assistance)

_____ who acknowledged to me that they executed this
(Housing Client Receiving Assistance)

foregoing instrument this _____ day of _____, 200_____.

Notary Public

My Commission Expires:

(Notary Seal)