



FINANCIAL ASSISTANCE STATEMENT

Participant/Applicant: _____

TO BE COMPLETED BY THE PERSON GIVING THE ASSISTANCE

Please be informed that I, _____
(SIGNATURE OF PERSON GIVING ASSISTANCE)

Certify under the penalties of perjury that the following is a true and complete account of the financial assistance I gave to:

(Print name of person RECEIVING the assistance)

I give him/her: \$ _____ per: _____ week _____ month (Check one).

This financial support began: ____/____/____

If the assistance is not continuous, the amount(s) given from ____/____/____ to ____/____/____ was \$ _____ and it was given on: ____/____/____.

This financial support stopped: ____/____/____

My relationship to the applicant is: _____

My source of income is: _____

My Social Security number is: _____

My address is: _____

My home telephone is: _____ My work telephone is: _____

I further understand that The Salem Housing Authority may request additional information to verify my income. At that time, I will be held liable if I have misstated the assistance or understated the assistance in any way.

THIS STATEMENT MUST BE NOTARIZED

STATE OF _____ COUNTY OF _____

On this _____ day of _____, before me, the undersigned Notary Public, personally appeared _____ and proved to me through satisfactory evidence of identification, which were _____ to be the person whose name is signed on the preceding or attached document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

(SEAL)