



# VERIFICATION OF: Recurring Cash Contributions

Community Services  
Department Community  
Assistance Division  
534 West Lake Mary Blvd.  
Sanford, FL 32773-7400



**AUTHORIZATION:** Federal Regulations require us to verify Recurring Cash Contributions made to all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Purpose of Cash Contribution:

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

Amounts anticipated to be received during the next 12 months:

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

**RELEASE:** I hereby authorize the release of the requested information.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Printed Name of Applicant)

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

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of \_\_\_\_\_ or  
Authorized Representative

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.