



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385
Xenia: 937-376-2908, Fairborn: 937-429-7736
General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230
Website: www.gmha.net

VERIFICATION OF REGULAR CONTRIBUTIONS

Head of Household Name: _____ SSN # _____

Name of Recipient (if different) _____ SSN # _____

RELEASE: I hereby authorize the release of the requested information to Greene Metropolitan Housing Authority. Information under this consent is limited to information that is no older than 15 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be addressed on a separate consent, attached to a copy of this consent. A faxed copy of this Release shall be considered an original form and provide such authorization as stated above. I, undersigned, hereby authorize the release of the information requested below.

Signature: _____ Date: _____

SECTION BELOW IS TO BE COMPLETED BY PERSON PROVIDING REGULAR CONTRIBUTIONS

I contribute \$ _____ per Week, per Month, or per Year to the support of:

Name (Print): _____

Address _____ City _____ State _____ Zip _____

Including amounts paid directly to the person for whom you are providing support as well as bills and other living expenses regularly paid on the person's behalf such as utilities, phone service, car payment, insurance, cable TV, etc.

Notes/additional information: _____

Will the financial assistance continue as long as needed by client? Yes or No If no when will/or did it end? Date: _____

I certify that the above information is true and correct:

Printed Name: _____ Date: _____

Signature: _____ Title: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____ Relationship: _____

_____ Email: _____ Please Place Notary

Stamp and Signature

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. HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h."

GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

