



Angela D. Alsobrooks
County Executive

Jessica G. Anderson-Preston, Executive Director

Yolanda L. Hawkins-Bautista, Chair — Board of Commissioners

Verification of Support (Contributor)

To: _____ Re: _____
 Contributor 's Name Applicant's /Participant's Name

 Address Address

 City/State Zip City/State Zip

TO BE COMPLETED BY CONTRIBUTOR

The Housing Authority of Prince Georges County (HAPGC) is a federally/locally funded agency assisting qualified families with rent subsidies. The above-named person is an applicant for/or a participant in a HAPGC housing program. In order to determine the eligibility and rental payment for the above-named person, we must verify information regarding his/her income. Thank you for your assistance in completing the information below.

Please complete this form as it relates to cash money contributed to this household.

I do hereby affirm that I pay the sum of \$ _____ (per select one) week or month to:
 Applicant's/Participant's Name (Please Print) _____

I provide this sum in support of the following person(s) please provide name and ages below. Use additional pages if necessary.

Name	Age	Name	Age

Is the support intended to be ongoing if the family is provided housing assistance by HAPGC? Yes No

Are these payments court ordered? If yes, please provide copy of court order. Yes No

 Name of Contributor (Please Print)

 Phone#

 Signature (Contributor)

 Date

WARNING! False statements are a basis for rejection of your application, eviction or termination from a Program and may be a criminal offense under Section 1001 of title 18 of the U.S Code for federally aided developments.

Please note that you can ask for a reasonable accommodation to use HAPGC housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.

