



Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030
404-270-2100 ▪ Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

VERIFICATION OF FINANCIAL CONTRIBUTIONS FORM

A financial contribution is any money given to someone else. This can be in the form of cash, check, or money order.

I, _____, certify that I give money to _____.
(Participant's name)

Amount _____ Monthly _____ Weekly _____ Biweekly _____

The information I have provided is true and correct. I understand that making false and/or fraudulent statements on behalf of the participant may result in termination of the participant's Housing Choice Voucher program assistance.

This form must be NOTARIZED and returned to Decatur Housing Authority no later than _____.

Print Name _____

Signature _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Date _____