



MONETARY CONTRIBUTOR VERIFICATION

Submit this form with your application or recertification to verify that someone regularly gives your household money. **See examples below. Only submit this form if you cannot easily get documents as proof.**

ONE FORM PER CONTRIBUTOR.

Complete a separate form for each person who regularly gives someone in your household money, like a family member, friend, or charity. Include child support and/or alimony payments. **If you submit a court-issued payment history, leave this form blank.**

APPLICANT

Please print or type. Asterisks () mark required responses.*

Applicant's full name* _____ Last four of your SSN *I don't have one*

Who in your household gets money from the contributor? – full names

1. _____ 2. _____

YOUR SIGNATURE

By signing below, you are authorizing the verifier to release the information requested by DCHA.

Applicant's signature* _____ Date* month/day/year

WHY REPORT THIS?

Report your income correctly and completely to avoid delays when we review your application. Depending on your circumstances, **you may have income and still be eligible for a voucher.**

WHO SHOULD VERIFY?

Answer these questions to find out who can verify the payments.

- Are the payments for alimony or child support? Yes – continue No – stop, and give this form to the contributor to sign
- Are the payments court-ordered?* Yes – continue No – skip to question #5
- Can you submit a court-issued payment history?* Yes – stop, and submit a payment history instead No – continue
- Can the agency enforcing the court-ordered payment sign this form?* Yes – stop, and give this form to the agency to sign No – continue
- Can the contributor sign this form?* Yes – stop, and give this form to the contributor to sign No – sign and complete the verifier section yourself

WHAT DO WE NEED FROM YOU?

DC Housing Authority needs to verify the recipient's income in the last 12 months. **Count 12 months from the day you sign this form.**

VERIFIER

Please complete, sign, and give this form back to the applicant.

Verifier's full name* _____ Contributor's full name* *Same as verifier*

Cell Landline

Verifier's phone number _____ Verifier's email _____

\$ _____ Will contributor still give if the applicant gets a voucher?*

Total amount given to household* _____ How often?* Yes No Not sure

VERIFIER SIGNATURE

By signing below, you are agreeing that the information herein is complete and correct to the best of your knowledge.

Signature* _____ Date* month/day/year