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RECURRING GIFT AFFIDAVIT

TO: _____

 TEL.#: _____

FROM: _____

 TEL.#: _____

DATE: _____ APT. #: _____
 DEVELOPMENT NAME: _____
 APPLICANT/RESIDENT: _____

 RE: _____

 FAX #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I receive income in the amount of \$ _____ per **(Circle One)** week month year
 from _____

I hereby authorize release of any information requested regarding my income, assets, and allowances.

 Applicant/Resident Signature

 Social Security Number(s)

TO BE COMPLETED BY THE PARTY DISBURSING INCOME:

1. Type of Income: _____
2. Frequency of Income: (i.e., weekly, monthly, etc.) _____
3. GROSS Amount of Income per Period: \$ _____
4. GROSS Annual Income: \$ _____

Under penalties of perjury, I hereby certify that the information provided is accurate and complete. I understand that providing false or misleading information may subject me to criminal penalties.

 Signature of Person Verifying Information

 Date

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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