

CLARKSVILLE HOUSING AUTHORITY

605 Lucas Street
Clarksville, AR 72830

Verification of Private Financial Support

(Print Applicant's/Tenant's Name) (Applicant's/Tenant's Signature Required) / / (Date Signed)

Dear Sir/Madam;

We are required to verify the income of all family members living in or applying for public housing from ALL financial resources. We ask your cooperation by supplying the information requested below concerning the referenced person. We will use any information you provide only to determine the family's eligibility and rent; and, pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this form. If you have any questions, please call 754-3564.

Sincerely, CHA Management

Table with columns: Expenses Paid, Additional Income Provided. Includes rows for individual entries, Total, and Comments.

Do you plan to continue financial support if the applicant is housed here? YES NO
If YES, then how much money will be provided per month? \$
How many months do you plan to continue financial support?

(Print Name) (Signature Required)
(Physical Address) (Mailing Address)
(City) (State) (Zip) (Date Signed)
Phone # () -