



Family Support Verification Form

To: []

From: []

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Re: Name: _____ Unit #: _____

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Resident Signature _____

Date completed: _____

Include the full amount of support given on behalf of above named individual including but not limited to cash, recurring gifts, bills paid directly to the provider including utilities, car insurance, rent, etc. and purchases of household necessities items such as personal hygiene items, paper supplies, diapers, etc.

I _____, hereby certify that I contribute \$_____ per
[] Week [] Month [] Year [] Other: _____

Date support began: _____

List any anticipated changes expected in the next twelve months:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).

Name of Person Supplying information _____

Phone Number _____

Signature _____

Date _____