



**HARRISONBURG
REDEVELOPMENT AND
HOUSING AUTHORITY**

P.O. BOX 1071 + HARRISONBURG, VA 22803
Phone/VTDD 540-434-7386 + Fax 540-432-1113

GIFTS AND CONTRIBUTIONS

HOUSING CHOICE VOUCHER PROGRAM

Household Name: _____

TO THE PROVIDER: Thank you for completing this inquiry about the person named above, to determine eligibility and/or rent calculations for low-income housing with HRHA. Please return this form within 5 business days of receipt, by fax to 540-432-1113, or by mail to P.O. Box 1071, Harrisonburg VA 22803.

I, _____ (provider), hereby certify that I contribute the following to _____ (receiving household name):

CHECK ALL THAT APPLY

\$ _____ (amount) per _____ (frequency: weekly, monthly, yearly, etc.) for the purpose of _____.

Non-cash contributions (such as clothing, household supplies, etc.*) valued at \$ _____ (amount) per _____ (frequency: weekly, monthly, yearly, etc.) for the purpose of _____.

On behalf of the household, I pay their bill(s) for _____ (such as rent, utilities, cell phone, cable, car insurance**) directly, in the amount of \$ _____ per _____ (frequency: weekly, monthly, yearly, etc.)

* Do not include groceries

** Do not include childcare

Are any changes to the above amount expected within the next twelve (12) months?

No

Yes (if yes, please complete the following) Date of Expected Change: _____

Anticipated Monthly Gross Amount: _____

Additional remarks or comments: _____

Name

Signature

Date

Street Address

City, State, Zip

Phone

WARNING: Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States Government.

EQUAL HOUSING OPPORTUNITY PROVIDER