

RECURRING CASH CONTRIBUTIONS

To: _____

Date _____

_____ has applied for residency/is a resident at our rental property. As part of our processing, we must obtain verification of his/her recurring cash contributions.

Permission by: _____
(Applicant/Resident's Signature) *(Date)*

Please complete the section below and return it by mail in the enclosed self-addressed stamped envelope. Thank you in advance for your prompt attention.

Sincerely,

Apartment Manager

THE FOLLOWING TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE:

1. Purpose of Cash Contributions: _____

2. Amounts anticipated to be received during the next 12 months:

Date: _____ \$ _____

Date: _____ \$ _____

Date: _____ \$ _____

Date: _____ \$ _____

Date: _____ \$ _____

Date: _____ \$ _____

Date: _____ \$ _____

Date: _____ \$ _____

(Signature of Authorized Representative)

(Date)

(Title)

(Telephone Number)

WARNING: 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.