



# North Central Florida

## Regional Housing Authority

P.O. Box 38 Bronson, FL 32621-0038  
Phone (352) 486-5420 or 1 (800) 664-5197  
Fax (352) 486-5423

### CONTRIBUTION FORM

I, \_\_\_\_\_ solemnly swear that I give \_\_\_\_\_,

\$\_\_\_\_\_ and/or contribute towards the payment of the following bills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

per month for household expenses until she/he can obtain a verifiable source of income.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by a fine of up to \$10,000 or by imprisonment of up to five years, or both for making any false or fraudulent statements or representation, or making or using any false writing or document in any matter with the jurisdiction of any department or agency of the United States.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Signed and Stamped by Notary:

State of Florida

County of \_\_\_\_\_

The foregoing instrument was signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by

\_\_\_\_\_  
Personally known \_\_\_\_\_ Produced ID \_\_\_\_\_  
ID Type \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

