



WALWORTH COUNTY HOUSING AUTHORITY

affordable housing is the foundation to build a strong community

20 N Church Street, Suite 1 • Elkhorn, Wisconsin 53121

Phone: 262-723-6123 • Fax: 262-723-2079

VERIFICATION OF FAMILY/FRIEND CONTRIBUTION

THE FOLLOWING INFORMATION IS REQUIRED BY THE WALWORTH COUNTY HOUSING AUTHORITY ON BEHALF OF AN APPLICANT/TENANT OF THE SECTION 8 RENTAL ASSISTANCE PROGRAM.

Date: _____

Name of applicant/tenant: _____

Applicant Address: _____

Amount of monthly family contribution: \$ _____

Penalties for Committing Fraud: The US Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Terminated from the Program or denied eligibility
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned up to five years
- Prohibited from receiving future assistance

Other penalties may apply under state and local government law.

By signing below, I/we are certifying that I/we have completed this questionnaire and that the answers that I/we have given are true and complete to the best of our knowledge.

I certify that the tenant/applicant named above receives this contribution from me to help supplement the cost of monthly living expenses.

Signature: _____ Date: _____

Address: _____

Phone Number: _____

Relationship to applicant/tenant: _____