



Deland Housing Authority



460 Laurel Ridge Way.
Deland, FL 32724-7502

Phone 386.736.1696
Fax 386.736.9381

Delandhousing.com

Family Contribution

IMPORTANT: This form MUST BE completed thoroughly and notarized or it WILL NOT be accepted.

I _____, residing at
[Print Provider Name]

[Provider Address: Street Name and Number] [City] [State] [Zip]

[Phone Number]

provide No longer provide a contribution to _____
[Applicant/Participant Name]

This contribution is/was based on money or in-kind support with a dollar value of \$_____ and is/was provided

One-Time Weekly Bi-Weekly Semi-Monthly Monthly Other _____

This contribution represents/represented assistance for/with _____
[Example: Child Support, Rent, Utility Bills, etc.]

If contribution is/was child support related, please give name/names of child/children provided for:

Date contribution began: _____ Date contribution ended: _____

Signature of Contribution Provider Date

State of _____

County of _____

Sworn to or affirmed and signed before me on the _____ day of _____,
personally appeared before me and is personally known to me/provided ID, as the party executing the foregoing instrument.

Notary Public My Commission Expires _____

Chapter 409.325 of Florida Statutes makes it a crime, punishable by a fine of \$50 to \$5000, or imprisonment for up to five (5) years, or both if a housing applicant or tenant deliberately makes false statements about his or her income, or fails to disclose a material fact effecting income and rent. Section 1001 of Title 18 of the United States Code also makes it a crime punishable by a fine up to \$10,000 or by imprisonment of up to five (5) years or both for making any false, fictitious or fraudulent statement or representation or making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.