

Housing Authority of the City of Aiken Housing Authority

CERTIFICATION OF INDIVIDUAL PROVIDING CONTRIBUTIONS TO AN APPLICANT/TENANT
PO Box 889, Aiken, SC 29802
(803) 649-6673 Fax: (803) 643-0069

Name _____ Date _____

Dear Sir/Madam:

The above-named person has applied/been excepted for admission to public housing and has requested that you complete the information below. Please specify what contributions you provide to tenant/applicant:

Rent Payment _____ Utility payment _____ Cleaning products _____ Child Care _____
Clothing _____ Food Expense _____ Transportation Expense _____ Entertainment Expense _____
Telephone Expense _____ Specify Other _____

Do you pay this amount directly to the applicant/tenant _____ If no, explain _____

How often do you assist with this/these payment: _____ monthly Other, explain _____

Public Housing Section

Please complete the form below and return it to: The Aiken Housing Authority, PO Box 889, Aiken, SC 29802. If you have any questions, please call me at (803)-617-7991. Your prompt return of this form will help us expedite the processing of this application.

Sincerely,
Tara Allen
Public Housing Manager

Contributor Section

I, _____ certify that the information provided is true.

Name _____ Signature _____ Date _____

Address and Telephone Number _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Applicant/Tenants Signature _____ Date: _____

THIS FORM MUST BE NOTARIZED