

Aiken Housing Authority (HCV Section 8)
P O Box 889
Aiken, SC 29802
803.617.7976 (Office)
803.656.0747 or 803.643.0069 (Fax)

AFFIDAVIT

Date: _____

Family Head of Household Name (Please Print): _____

Contributor Name (Print): _____

Address: _____

City/State/Zip: _____

Phone Number: _____

CHECK ONE: () Weekly () Bi-Weekly () Monthly

Dollar Amount \$ _____

As the contributor, I am providing monies to the following family in an effort to help support them. I also understand that any falsified information could result to this family being *terminated*.

***** This document must be NOTARIZED *****

Notary Information: _____