

Big Stone Gap Redevelopment & Housing Authority

P.O. Box 536
Big Stone Gap, VA 24219

Phone: 276-523-4788
Fax: 276-523-5141

This will authorize _____ to release the information requested below regarding a recurring gift.

Full Name

Social Security Number

Signature

Street Address

Date

City State Zip

The family/individual named above is a resident/applicant for housing which has rents that are subsidized through the U.S. Dept. Of Housing and Urban Development's Housing Choice Voucher Program. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, as well as assets, must not exceed certain established limits. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy.

Thank you for your cooperation in completing those applicable portions of this inquiry.

Administrative Agent

1. Current monthly amount of gift: \$ _____

2. Are any changes to the above amount expected in the next 12 months? _____
If yes, please explain _____

Signature of Person Completing Form

Date

Printed Name of Signature Above

Telephone Number

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as any matter within its jurisdiction.