

OXFORD HOUSING AUTHORITY

AFFIDAVIT FOR CASH OR OTHER SUPPORT

WARNING: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)\*\*

AFFIDAVIT

For cash money received: I, \_\_\_\_\_ do hereby swear or affirm that I receive the sum of \$\_\_\_\_\_ per [ ] week [ ] month from \_\_\_\_\_

PERSON RECEIVING BENEFITS

affirm that I receive the sum of \$\_\_\_\_\_ per [ ] week [ ] month from \_\_\_\_\_

\_\_\_\_\_, for support purposes such as household utilities, \_\_\_\_\_

PERSON PROVIDING CASH

groceries, and/or clothes purchases, payment of bills on behalf of myself or his/her/my children, etc.

PROVIDER'S ADDRESS

PROVIDER'S TELEPHONE NUMBER

— AND/OR —

I, \_\_\_\_\_ do hereby swear or affirm that I receive the following benefits from another individual not living in my home, the value of which I would estimate to be: \$\_\_\_\_\_ per [ ] week [ ] month from: \_\_\_\_\_

PERSON RECEIVING BENEFITS

following benefits from another individual not living in my home, the value of which I would estimate

to be: \$\_\_\_\_\_ per [ ] week [ ] month from:

PROVIDER'S NAME

PROVIDER'S ADDRESS

PROVIDER'S TELEPHONE #

List Benefits Provided: (child support, utilities, groceries, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Affiant

Date of Affiant Signature