



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

DEPARTMENT OF LEASED HOUSING and SECTION 8

CONTRIBUTION AFFIDAVIT OF INCOME

STATE OF ALABAMA

JEFFERSON COUNTY

This is to state that I, _____, will contribute \$ _____
(Contributor's Name)

per _____ to my _____, _____, as a
(Relationship) (Participant's Name)

free contribution towards his/her support beginning on ____/____/____ and ending on ____/____/____.

Contributor's Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Signature

Address

City, State and Zip Code

Telephone

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

Under penalty of perjury, my signature above certifies that the information presented on this document is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the participant termination from the program and punishable for all parties involved under federal and local laws. This form must be completed in its entirety in order for the Housing Authority to process.

McCoy Building, 1301 25th Avenue North, Birmingham, Alabama 35204
Telephone (205) 521-7460