

Ocala Housing Authority

REGULAR CONTRIBUTION OR GIFTS AFFIDAVIT

The persons signing this document do so under his/her own free will acknowledging that they contribute/receive \$_____ per month for the next twelve months. I further confirm that I have read and understand the statement below and its relevance to the information contained herein. In addition, I fully understand the ramification of any false statements and can be contacted for further verifications.

Participant Name: _____

Address: _____ **City/State:** _____

Phone: _____

Person Giving Contribution Name: _____

Address: _____ **City/State:** _____

Phone _____

WARNING: 18 USC. 10011 PROVIDED, AMONG OTHER THINGS, THAT WHOEVER KNOWINGLY AND WILLINGLY MAKE OR USE A DOCUMENT OR WRITING CONTAINING ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT OR ENTRY, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.

PARTICIPANT SIGNATURE
_____ Personally Known to Me

DATE
_____ Produced A Current Photo ID

PERSON GIVING CONTRIBUTION SIGNATURE
_____ Personally Known to Me

DATE
_____ Produced A Current Photo ID

STATE OF FLORIDA
COUNTY OF MARION

Subscribed and sworn before me this _____ day of _____, _____ a Notary Public in and for the State of Florida.

Notary Public State of Florida at Large

My Commission expires: _____

