

Central Texas Council of Government Housing Assistance Division 2180 North Main St., P.O. Box 729, Belton, TX. 76513 254-770-2301 / 1-888-488-4911

Verification of Cash Contribution/Non-Cash Contributions

Client Name:	Date:
The addressed person below is authorized t	to release the requested information.
Client Signature	Date
Name of Contributor:	
Address:	
Phone:	
Cash Contribution	Non-Cash Contribution
Please explain the purpose of the contribution	on:
I,the client listed above.	, hereby verify that I make the following regular contribution to
In the total amount of \$ead	ch Week Month
Contributor Signature	Date
Notary	
Notary Public Signature	 Date