



Housing Authority

STATE OF: NORTH CAROLINA

COUNTY OF: ORANGE

I, \_\_\_\_\_, being first duly sworn, deposed and say;
(Print Contributor's Name)

I, hereby certify that I give \$ \_\_\_\_\_ income per month to
(Contribution Amount)

\_\_\_\_\_.
(Print Recipient's Name)

\_\_\_\_\_.
(Signature of Contributor) (Date)

The foregoing statement herewith has been examined by me, and I certify it to be correct, true and complete to the best of my knowledge.

\_\_\_\_\_. (Seal)
Affiant

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_.
Notary Public

\_\_\_\_\_.
Expiration date of Commission

Witness:
\_\_\_\_\_.
\_\_\_\_\_.

