



ORANGE COUNTY HOUSING AUTHORITY

INCOME CONTRIBUTION STATEMENT

I, _____ hereby certify that I **give** \$ _____
(Print Contributor's Name) (Contribution Amount)

_____ as a financial contribution to _____ 's household.
(Frequency of Contribution) (Print Recipient's Name)

(Signature of Contributor) (Date)

(Print Name of Contributor)

(Contact Number or Email of Contributor)

Contributor may be contacted to verify this statement. This contribution will be annualized and remain in effect for the next twelve (12) months. Until the recipient/head of household, who is either an applicant or participant of the Housing Choice Voucher Program, reports a financial change to their household's income, this income will remain on their record.