

**BRENHAM HOUSING AUTHORITY**  
**1801 NORTHVIEW CIRCLE DR**  
**BRENHAM, TX 77833**  
**Phone (979) 836-9221 & Fax (979) 830-8701**  
**@BrenhamHousing.org**

**VERIFICATION OF CONTRIBUTIONS**

Contributor Name, Address & Phone Number

Your Name, Address & Phone Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

The individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

Please return verification to above address or fax to (979) 830-8701.

I hereby authorize the Release of Information requested below.

X \_\_\_\_\_  
Your Signature (Resident/Applicant) Date

DO NOT WRITE BELOW DOTTED LINE

**TO BE COMPLETED BY CONTRIBUTOR**

**Example of contributions may include, but not limited to, the following: diapers, wipes, formula, medical, toiletries, car insurance, car payments, gasoline, cable TV, food, clothing etc.**

Gross Monthly Gift \$ \_\_\_\_\_ Your relationship to the above named: \_\_\_\_\_

Are any changes to this amount expected within the next twelve (12) months? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did the contributions start? \_\_\_\_\_

**I certify that the preceding information is true and correct.**

\_\_\_\_\_  
Signature of Contributor Date Phone

\_\_\_\_\_  
E-mail