



1900 SE. 4th St., Gainesville, FL 32641
Telephone (352) 872-5500 ~ Fax (352) 872-5501
www.gainesvillehousingauthority.org

EXECUTIVE DIRECTOR
PAMELA E. DAVIS

In-Kind Contribution Verification

To Whom It May Concern:

I, _____ do affirm that I help with the daily needs of
(Contributor Name)

_____ in the amount of
(Applicant/Participant Name)

\$ _____ on a weekly or monthly basis. **(Please check all that apply)**

_____ Food _____ Utilities _____ Transportation _____ Medical Bills
_____ Phone _____ Personal Items _____ Other

List other here: _____

How is money provided? **(Please check all that apply)**

_____ Cashapp _____ Zelle _____ Venmo _____ Paypal _____ Apple Cash
_____ Cash _____ Check _____ Other

List other here: _____

Signature: _____ Date: _____

**This statement must be notarized and returned to the Gainesville Housing Authority before certification/
re-certification can be completed.**

State of Florida, County of _____

Under penalties of perjury I hereby declare that the above information is true and correct to the best of my knowledge and belief.

The foregoing instrument was acknowledged before me this ____ day of _____,

20__ by _____ who is personally known to me or who
(Name of Affiant)

has produced _____ as identification and who did /did not
(circle one) take an oath.

Notary Public Signature

Notary Seal

