

Priscilla B. Batts Director of Leased Housing

From: Raleigh Housing Authority

My commission expires: ______.

Housing Authority of the City of Raleigh, North Carolina

Leased Housing

900 Haynes Street Raleigh, NC 27604 **Applications** (919) 831-6387

Section 8 HAPP (919) 831-6620

VERIFICATION OF FINANCIAL ASSISTANCE (Regular Contributions)

900 Haynes Stree Raleigh, NC 276				
Return to:	to: Housing Specialist or Relocation Specialist			
Applicant/Tenant Name	:			
Address:				
City:	State:		Zip code:	
	pove has stated that you propured to verify this inform		Assistance to this hous	sehold; Raleigh
Information Being Req	uested:			
•	ance to the above named i	_	mount of \$	_ per
	the Title 18 of the United State Udulent statements to any depa			y for knowingly a
Name (Printed) Relation	ship to Applicant/Tenant	Address		
Signature		Date		
Sworn to and subscribed	before me, this the	day of	, 20	·
Notary Public				