

LIHTC RECURRING GIFTS FORM

IRS Section 42 requires that Recurring Cash Contributions made to all members of the household applying for or residing in this development are verified. This information will be used only to determine the eligibility status of the household.

Tenant Name: _____ Unit #: _____

Address: _____ City: _____

Certification Type: _____ Effective Date: _____

TO BE COMPLETED BY APPLICANT/TENANT

- I **do not** receive recurring gifts or contributions from organizations or from persons not residing in the dwelling unit.
- I **do** receive recurring gifts or contributions from organizations or from persons not residing in the dwelling unit. I have described the purpose and frequency in the table below:

Description	Amount	Frequency
	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Printed Name of Applicant/Tenant

Signature of Applicant/Tenant and Date