

**KENOSHA HOUSING AUTHORITY  
CASH PROVIDER VERIFICATION FORM**

Name of Section 8 Participant: \_\_\_\_\_

*The individual named above is a participant on the Section 8 Rental Assistance Program, which is subsidized through the Department of Housing and Urban Development (HUD). Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility.*

*The information you provide will be used only for the purpose of determining the family's income.*

*The above mentioned Section 8 participant is required to complete and submit a Zero Income Worksheet and a Cash Provider Verification Form by the 10<sup>th</sup> of each month. Therefore, your prompt response is necessary. Please complete ALL questions below*

**I certify that the information I have provided on this form is true and correct.**

\_\_\_\_\_  
Name of Cash Provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Participant

X

\_\_\_\_\_  
Signature of Cash Provider

1. I have provided \_\_\_\_\_ with financial assistance in the  
(Name of S8 Participant)

TOTAL amount of \$ \_\_\_\_\_ for the month/year of \_\_\_\_\_.

2. The financial assistance was for the following expenses:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

3. I will continue to provide financial assistance:     YES     NO

On a:     Weekly-basis     Bi-weekly basis     Monthly Basis

**WARNING:**

**SECTION 1001, TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.**