



HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

Third Party Verification of Financial Assistance or Child Support for a Subsidized Family

To: The Key West Housing Authority, the Monroe County Housing Authority, or Eastwind Apartments

I hereby certify that I/we are providing assistance to my/our family or friend(s).

Name of person you are providing
Child Support or Family Assistance to: _____

Their Address: _____

Amount of Assistance: \$ _____ per week
 \$ _____ per month
 \$ _____ per year

You may include any comments below:

Your Name: _____ Phone #: _____

Street Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes a false or fraudulent statements to any department or agency of the United State is guilty of a felony.

NOTARY:

Subscribed and sworn to before me this _____ day of _____, 20_____.

Printed Name

(STAMP)

Signature

My Commission expires _____, 20_____

Please hand-deliver or mail this document to:
The Key West Housing Authority, 1400 Kennedy Drive, Key West, FL 33040.

