



William O. Russell III President & CEO

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269 S. Osprey Ave. Sarasota, FL 34236

Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

**Contribution Affidavit**

**FirstName LastName** has reported that you no longer provide him/her with support. Please enter a \$0 in the amount for the types of contributions that you NO LONGER provide to the tenant. If you don't provide them with any support, put a \$0 under amount for all types.

**Please make sure that you complete the signature of this form in front of a Notary Public. This form will not be accepted if it is not notarized.**

Type of Contribution	Amount Paid	Frequency (circle one)			
		Daily	Weekly	Monthly	Yearly
Cash	\$	Daily	Weekly	Monthly	Yearly
Payment of Bills	\$	Daily	Weekly	Monthly	Yearly
Purchase Products	\$	Daily	Weekly	Monthly	Yearly
Other	\$	Daily	Weekly	Monthly	Yearly

**WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government. I certify that this information is true and correct.**

Name of Contributor \_\_\_\_\_ Signature \_\_\_\_\_

Date Completed \_\_\_\_\_ Phone # \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF SARASOTA

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

Notary Public Signature, State of Florida: \_\_\_\_\_

Type or Print Notary's Name: \_\_\_\_\_

Personally Known to Me: \_\_\_ Yes \_\_\_ No

Identification Produced: \_\_\_\_\_

#: \_\_\_\_\_