



Expert Knowledge - Exceptional Service

RECURRING GIFTS FROM FAMILY/FRIENDS VERIFICATION
(Bills being paid for by others)

Applicant/Resident Name

I, _____, hereby certify that I am receiving \$_____ monthly from
(Applicant / Resident Name)

_____ to help with my monthly living expenses.
(Financial Supporter's Name)

To be filled out by Financial Supporter:

List Specific Expenses covered by the amount stated above and/or any bills paid for by yourself.

Expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties

Signature of Applicant/Resident _____ Date _____

Name of Financial Supporter _____ Date _____

Signature of Financial Supporter _____ Date _____

Signature of Notary Public _____ Date _____

State Commission Issued _____ Commission Expiration Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code (18 USC 1001) makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. The criminal penalty under 18 USC 1001 is up to a \$10,000 fine, 5 years imprisonment, or both.

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