



COUNTY OF SAN LUIS OBISPO
 DEPARTMENT OF PLANNING & BUILDING
Gift Income Verification Form

AAA-XXXX
 02/10/2023

Send this form to any person or organization providing ongoing cash contributions to a tenant/applicant or for any ongoing contributions made on behalf of a tenant/applicant such as rent payments, utility bills, etc.

Applicant/Tenant: _____ Unit #: _____

Name and Address of Contributor:

| | |
|-----------------|----------------------|
| Name: | Relationship: |
| Address: | Phone: |
| City: | Fax: |
| State: | Email: |
| Zip: | |

I, _____, am contributing the following assistance to the above-named applicant/tenant.

List all monetary and non-monetary amounts and frequency (i.e. monthly, weekly, etc.):

| | | |
|-----------------------------|----------|------------------|
| Cash: | \$ _____ | Frequency: _____ |
| Rent Payment: | \$ _____ | Frequency: _____ |
| Utility Payment: | \$ _____ | Frequency: _____ |
| Cable/Cell/Phone/Internet: | \$ _____ | Frequency: _____ |
| Transportation: | \$ _____ | Frequency: _____ |
| Cash for food: | \$ _____ | Frequency: _____ |
| Clothing: | \$ _____ | Frequency: _____ |
| Alcohol, tobacco, etc.: | \$ _____ | Frequency: _____ |
| Diapers/Items for Children: | \$ _____ | Frequency: _____ |
| Cash for Child Care: | \$ _____ | Frequency: _____ |
| Other: | \$ _____ | Frequency: _____ |



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Will this assistance change in the next 12 months? YES NO

If YES, please describe:

NOTE: Section 1001 of Title 18 of the U.S. Code 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

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 that providing false representation herein constitutes an act of fraud.

(Signature of Contributor)

Date