

CITY OF MOULTRIE HOUSING AUTHORITY  
800 4TH AVE SE  
MOULTRIE, GA

CERTIFICATION OF SUPPORT

Applicant/Participant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

I do hereby affirm that I receive the sum of \$ \_\_\_\_\_ per ( ) week or ( ) month for the care of my household and/or children.

**CONTRIBUTOR INFORMATION:**

\_\_\_\_\_  
Contributor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contributor's Signature

\_\_\_\_\_  
Contributor's Phone #

\_\_\_\_\_  
MHA Staff

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