

DONATION - CONTRIBUTION

I, _____, give to_____ the total amount of \$_____ per month for support. I/We certify that the information above is true and complete to the best of my/our knowledge and belief. I/We understand that we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/We furnish false or incomplete information. Date Signature Name Address Phone **BHA OFFICIAL:** Date This instrument was acknowledged before me this _____ day of _____, 20___, by ______. Signature of Notary of Public Printed Name of Notary Notary Public, State of Texas

1890 Laurel Street • Beaumont, TX 77701 • (409) 951-7200 • (409) 951-7270-fax

ADA/504 Coordinator Katherine Mitchell at 409-951-7222 phone, 409-951-7272 fax, or email counselor7@bmtha.org

A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY AGENCY the Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Beaumont Housing Authority office for assistance. Hearing impaired may contact Relay Texas at <u>1-800-735-2989</u> or 7-1-1."si usted necesita este documento traducido por favor llame al 409-951-7200""nếu bạn cần tài liệu này xin vui lòng gọi 409-951-7200 dịch"