



1400 Oakside Drive #76 Canton, GA 30114  
Main: 770-479-4969 Fax: 770-479-8118  
TDD: 770-479-6988

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**Cash Gift or Child Support**

Date: \_\_\_\_\_

Name of Resident/ Applicant: \_\_\_\_\_

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

Name of Person Providing Support: \_\_\_\_\_

Amount of monthly contribution/gift: \$ \_\_\_\_\_

Is the contribution provided to the family for:

\_\_\_\_\_ Child Support

\_\_\_\_\_ Gift Contributions

\_\_\_\_\_ Other \_\_\_\_\_

I \_\_\_\_\_ swear that the information provided above is true and complete. I understand that I will be required to provide a copy of my tax transcripts to the Housing Authority of the City of Canton every year as proof of my income. I understand that failure to provide the correct and complete information regarding my income will result in repayment of retroactive rent and possible termination of my lease which may result in eviction.

\_\_\_\_\_  
**Signature of Member Receiving Contribution**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Head of Household  
(if different from above)**

\_\_\_\_\_  
**Date**

