

**Asheboro Housing Authority**  
PO Box 609 Asheboro, NC 27204  
Phone: 336-629-4146 Fax 336-625-0651  
TDY 800-545-1833 X 419

**Intentionally supplying false information is punishable under the Statute of Frauds**

Head of Household (Print) \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of person assisting the family:

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Payments, purchases, or support (monetary or in-kind) made to the family, for the family, or on behalf of or upkeep of the family (example: bills paid for the family, purchases made for the family..diapers/shoes/etc)**

Amount of Child Support: \$ \_\_\_\_\_ per Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

OR

Amount of Family Maintenance \$ \_\_\_\_\_ per Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section 8 Representative Signature

\_\_\_\_\_  
Date