King County Housing Authority

OFFICE USE ONLY	
FORM #:	459
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

Certification of Gifted Funds

Head of Household Name: _____

Name of Member Receiving Gift: _____

Address: _____

You must try to contact the gift giver and ask them to complete Option 1 on this form. If you are unable to contact the gift giver, you may complete Option 2.

☐ OPTION 1: CERTIFICATION OF GIFTED FUNDS GIVEN

I, _____ (*Name*), residing at _____ (*Address*)

am **GIVING** the sum of $ _____ (*Amount*) in the form of (cash, gift, etc.) _____ (*Gift Type*)

I certify this is a recurring gift I give to the above stated person *(select one option below)*:

☐ Weekly ☐ Monthly ☐ Annually ☐ Other _____

I intend to provide this gift until: _____
Gift end date or duration (6 months, 12 months, forever, etc.)

For questions, I may be reached at: _____ (*Email*) _____ (*Phone*)

_____ (*Signature*) _____ (*Print Name*) _____ (*Date*)

☐ OPTION 2: CERTIFICATION OF GIFTED FUNDS RECEIVED

I, _____ (*Household Member Name*), was unable to contact _____ (*Gift Giver Name*) who gifts me funds.

I am **RECEIVING** the sum of $ _____ (*Amount*) in the form of (cash, gift, etc.) _____ (*Gift Type*)

and I certify that this is recurring income that occurs *(select one option below)*:

☐ Weekly ☐ Monthly ☐ Annually ☐ Other _____

I expect to receive this gift until: _____
Gift end date or duration (6 months, 12 months, forever, etc.)

My gift giver may be reached at: _____ (*Email*) _____ (*Phone*)

_____ (*Signature*) _____ (*Print Name*) _____ (*Date*)