



Property Name: _____

Unit: _____

Applicant/ Resident Name: _____

I, _____ (name of gift giver),
residing at _____ (street), _____ (City), _____ (State),
do hereby certify that I give: _____ (applicant name)
the sum of: \$_____
reoccurring [] Weekly [] Monthly [] Annually (check one),
for no less than 12 months going forward, in the form of
[] Cash, [] Check, or [] Digital/Direct Deposit (check one),
for the purpose of _____ (e.g., gift income, rent payment, etc.).

I understand that this affidavit is made as part of the qualification procedure to determine the eligibility of
residency at the above-referenced property and that any misrepresentation herein will be considered a
material breach of the lease agreement and subject the above named tenant to immediate eviction. Under
penalties of perjury, I certify the above representations to be true as of the signature dated below.

X
Signature of Gift Giver Date

NOTE: Sign in Presence of Notary Only

STATE OF _____)
) ss.
COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ (name of person) is the person
who appeared before me on this ____ day of _____, 20____, and said person acknowledged that
(he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and
purposes mentioned in the instrument.

NOTARY PUBLIC in and for the state of Washington
Residing at: _____
Printed Name: _____
My Commission expires: _____

