



**HOUSING AUTHORITY**  
**OF**  
**The City of Tennille, Georgia**  
**300 East Church Street**  
**Tennille, Georgia 31089**  
**Executive Director: Jimmy H. Griswell**  
**Telephone: 478-552-0026**  
**Fax: 478-552-0705**



# Financial Contributions Affidavit

We the undersigned do hereby swear and affirm that we contribute the monthly sum of \_\_\_\_\_ for the financial support of \_\_\_\_\_ . These payments will continue as needed. Should these payments change, stop, or otherwise differentiate we will notify the Tennille Housing Authority in writing. I acknowledge that my signature either as provider or recipient, constitutes a legally binding document that if found to be false could result in criminal action.

Name of provider: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of recipient: \_\_\_\_\_

Signature: \_\_\_\_\_

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