

**GIFT AFFIDAVIT**

Low Income Housing Tax Credit Program

10/12

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

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

I, \_\_\_\_\_, residing at \_\_\_\_\_  
Name Street Address

\_\_\_\_\_, do hereby certify that I  
City State Zip  
give/receive the sum of \$ \_\_\_\_\_ in the form of (i.e. gift, etc.)  
(circle one)

and I further certify that this income is of a recurring nature:

- weekly
- monthly
- annually

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF NORTH DAKOTA            )  
  ) ss  
COUNTY OF                            )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

(Seal)

Notary Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_