

GIFT AFFIDAVIT

(02/19)

| | |
|-------------------------|-------------|
| Property Name | Unit Number |
| Applicant/Resident Name | |

| | | | |
|---------|------|-------|----------|
| Name | | | |
| Address | City | State | ZIP Code |

I, as named above, do hereby certify that I ☐ give ☐ receive the sum of \$_____ in the form of (i.e. gift, etc.) 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: _____