



# Housing Authority of the City of Eastman

824 Griffin Avenue, SW  
Post Office Drawer 100  
Eastman, Georgia 31023  
478.374.5414 (P) • 478.374.0505 (F)  
800.255.0056 (TDD)  
Michelle Butler, Executive Director

## General Assistance Income Affidavit

Dear Sir/Madam:

The Housing Authority is required to verify the incomes of all family members living in or applying for public housing. We ask your cooperation by supplying the information requested below to help in the processing of public housing application. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence. If you have any questions, please do not hesitate to call our office. Thank you in advance for your prompt attention to this this matter.

### Person providing General Assistance please complete.

General Assistance in the form of cash payments is issued to the following person:

**Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**General Assistance Amount:** \$ \_\_\_\_\_ .00

Frequency:

- Annual                       Weekly  
 Monthly                       Other

\_\_\_\_\_  
**Name/Person providing the cash payment:** \_\_\_\_\_

**Phone/Cell #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

