



Agency Name: _____

Agency Address: _____

STATEMENT OF CONTRIBUTIONS

Date: _____

I, *(name of person making contribution)* _____

do hereby certify that I assist *(enter the name of the person being assisted)* _____

with monthly household expenses. Our relationship is *(check the appropriate box)*:

I am a relative I am a friend Other: _____

The amount of my monthly contribution is \$ _____

Or

I assist with the following:

- _____ A. Rent..... Amount: _____
- _____ B. Food
- _____ C. Utility Bills
- _____ D. Transportation
- _____ E. Medical Expenses

TOTAL: _____

I understand that if I knowingly give incomplete , inaccurate , or incorrect information, regarding my assistance with the person named above, I am subject to criminal prosecution under Title 18 of the U.S. Code.

Contributor's Name: _____

Address: _____

City: _____ Zip: _____

PHONE NUMBER: () _____

Signature of Contributor: _____