



Louisiana Housing
Corporation

Agency Name: _____

Agency Address: _____

STATEMENT OF CONTRIBUTIONS

Date: _____

I, (name of person making contribution) _____

do, hereby declare 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: _____