



TOTAL COMMUNITY ACTION, INC
 1420 S. Jefferson Davis Parkway
 New Orleans, LA 70125

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 | Amount | _____ |
| C. Utility Bill | Amount | _____ |
| D. Transportation | Amount | _____ |
| E. Medical Expenses | Amount | _____ |

TOTAL _____

I understand that if I knowingly give incomplete, inaccuracies, or incorrect information, regarding my assistance with the person named above, I am subject to criminal prosecution for violation of section 1001 of Title 18 of the U.S. Code.

Contributor's Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number _____

Signature of Contributor _____

NOTE: YOU MUST BRING OR ATTACH A COPY OF THE CONTRIBUTOR'S IDENTIFICATION TO THIS FORM