



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 under 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



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

**ZERO INCOME STATEMENT FORM**

DATE: \_\_\_\_\_

I, (Full Name) \_\_\_\_\_, (SSN) \_\_\_\_\_

do hereby certify that I am unemployed and have no income for the following reason: (check appropriate reason(s))

- Laid off Enter month and year of last date worked \_\_\_\_\_
- The job I had was seasonal and has ended
- I am unable to find employment
- I have *been* or *am*, (circle one) **sick / injured** and unable to return to work,
- I expect to return to work by (month/year) \_\_\_\_\_
- I have small children and no one to care for them except me
- My only source of income is from \_\_\_\_\_
- I am no longer eligible for Unemployment Benefits
- I receive assistance from the La. Dept. of Social Services (circle all that apply)  
 Food Stamps, TANF funds, OTHER: \_\_\_\_\_
- Other** (please use the space below to write any conditions that are not covered above)

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I understand that if I knowingly give **incomplete, inaccurate, or incorrect** information I am in state and Federal regulations including violation of Title 18, of the U.S. Code

Signed: \_\_\_\_\_ Agency Representative \_\_\_\_\_