



Agency Name: Total Community Action Inc

Agency Address: 1420 S Norman C Francis Pkwy 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 .....
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: \_\_\_\_\_