



## 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: \_\_\_\_\_

Contributor's Social Security Number: \_\_\_\_\_

\*Current copy of Contributor's DL/ID is required\*

Revised: March 2021  
JeffCAP