

Verification of Household Assistance

I, _____ purchase or pay for the following items on a weekly or monthly basis for _____ Unit # _____.

(Example: toiletries, cleaning supplies, diapers, formula, phone bill, cable bill, car insurance, etc.)

_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____

Total Monthly Amount Rcvd \$ _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I certify that the information supplied in this form is true and correct to the best of my knowledge.

(Provider Signature)

(Date)