



TOTAL COMMUNITY ACTION, INC

1420 S. Jefferson Davis Parkway New Orleans, LA 70125

STATEMENT OF CONTRIBUTIONS

Date	·	_	
I, (name of person mak do hereby declare that	ing contribution) I assist (enter the name of	f the person being	assisted
With monthly househo.	ld expenses. Our relation	ship is (check the	appropriate box)
I am a relative	I am a friend	Other	
The amount of my mor	nthly contribution is	\$	•
		or ·	
I assist with the following	ing:		
	A. Rent B. Food C. Utility Bill D. Transportation E. Medical Expenses	Amount Amount Amount Amount TOTAL	
regarding my assistan		- lete, inaccuracies	, or incorrect information, ubject to criminal prosecution
Contributor's Name:			•
Address:	-1		
City:		State	
Phone Number			
Signature of Contributo	or		

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





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ZERO INCOME STATEMENT FORM

DATE:		
I, (Full Name)	, (SSN)	
do hereby certi	fy 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		
<u></u>	I am unable to find employment	
	I have <i>been</i> or <i>am</i> , (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)	
Santa and the sa		
, page 1		
	nat if I knowingly give incomplete, inaccurate , or incorrect information I am in state and tions including violation of Title 18, of the U.S. Code	
Signed:	Agency Representative	