

CONTRIBUTION STATEMENT

Date: _____

To: _____

Re: _____
Applicant / Recipient

AU Number

Case Manager / Caseload

Dear Mr./Ms. _____

The above individual has applied for assistance, or is currently receiving assistance through this agency. In order to determine his/her family's eligibility for assistance, we must verify monetary contributions received from you. Please complete this form with the requested information and return it to this office in the enclosed envelope by _____. If you have any questions regarding this form, please call me at the number listed below.

Signature of Case Manager

Telephone Number

I give \$_____ per week month directly to the individual named above. The money I give is not a loan and does not have to be paid back to me.

In the months listed below, I gave the following amounts:

Amount	Month/Year
_____	_____
_____	_____
_____	_____

I pay the following bills directly to the provider for the individual named above.

Amount	Month/Year	Provider's Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

See Reverse Side

() I intend / do not intend to continue giving this money to the above person(s)/ provider(s)

If you **do**, please show the amount you intend to give in the future: \$_____ every _____.
(Week / Month)

If you **do not**, please show last date you gave any money: _____.

Comments: _____



PLEASE READ CAREFULLY BEFORE SIGNING:

The information provided on this form reflects my total contribution. If any of this information is found to be intentionally inaccurate I may be subject to criminal prosecution for knowingly providing false information. (*See Georgia Code Section 49-4-15 for the full reference.*) I understand the meaning of this paragraph.

Signature of Person Completing this Form Date

Address

City State Zip Code

Telephone Number
