



verification of household assistance

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

Household assistance types may include, rent, utilities, phone, transportation costs (gas, bus token, car insurance), cable, internet, etc.

Expense	Amount provided	How often is this provided?				Will assistance continue for the next 12 months or more?
	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If form is completed electronically please complete box below:

☐ Provider completed this form electronically _____ (initials)

signature

Warning: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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

Provider Signature

Date

Provider Printed Name

Provider Phone

Provider Email