

# HOUSING AUTHORITY CITY OF NATCHITOCHE

536 Culbertson Lane, Natchitoches, LA 71458-0754  
(318) 352-9774 FAX (318) 357-8064

## Contribution/Income Reporting Form

To verify to the Housing Authority that reported income is being provided to an applicant/tenant, please complete this document and return it to the Housing Authority Office as soon as possible. This income form may be dropped off, mailed or faxed back when completed.

Name of person giving Contribution or Income; \_\_\_\_\_

Address; \_\_\_\_\_  
Street or P.O. Box City St Zip Phone

I certify that I provide income to:

\_\_\_\_\_ Applicant / Tenant \_\_\_\_\_ Relationship to you if applicable

The amount\* provided; \$ \_\_\_\_\_ Month & Year this income began: \_\_\_\_\_

I provide this amount (*check one*):  Every Week  Every Two Weeks  Once a Month

**NOTE:** \*If providing non-monetary support to the family (diapers, clothing, food, etc), please use an estimated dollar value for the items given to or purchased for the family.

\*If you pay any bills or expenses on behalf of the recipient in addition to straight contributions, add the amount(s) into total.

**This income is for** (*Check all that apply*):

- General Assistance       Childcare or Adult-care/sitting services       Yard/landscaping services
- Paying bill(s) for family       Housekeeping Services       Child Support (voluntary)
- Other – explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of Income Provider

\_\_\_\_\_  
Date

**Income Provider - Initial below if applicable;**

\_\_\_\_\_ The Income I provide to the recipient will end when the recipient becomes self-sufficient.  
(*Begins receiving other adequate income*).

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is **guilty of a felony for knowingly and willingly making false or fraudulent statements** to any department or agency of the United States.