



# LA CROSSE HOUSING AUTHORITY

CITY OF LA CROSSE, WISCONSIN

"WE NEED A ROOF OVER OUR HEADS"

## TO BE COMPLETED BY PERSON ASSISTING YOU & YOUR FAMILY

TO: Housing Authority of the City of La Crosse

DATE: \_\_\_\_\_

I, \_\_\_\_\_ provide \_\_\_\_\_ with an average of \$\_\_\_\_\_ per month in financial support. I understand this amount includes a 'value' for any and all items purchased or paid-on behalf of the family, as well as cash, services, bills, fines, etc. paid on behalf of – or any other form of payment and/or support. This includes expenses for food, cleaning, grooming, paper products, transportation, automobile, insurance, entertainment, clothing, smoking, communications (telephone/cell phone), medical, school, utilities and miscellaneous expenses or needs.

I do hereby affirm that this information submitted as of this date is true and correct. I understand false statements or information is punishable under Federal Law.

Print Name: \_\_\_\_\_

Print Mailing Address: \_\_\_\_\_

Print Physical Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make a willful false statement of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

**THIS FORM MAY BE PHOTOCOPIED IF MORE THAN 1 FORM IS NEEDED.**

