

GENERAL ASSISTANCE REPORTING

I, _____ do confirm that I give general financial assistance to resident
_____ of _____ in the amount of \$ _____
Name *Address*
each week / month (circle one only). This financial assistance will be continued until
such time as the above-named resident becomes self-sufficient.

In the event the above-named resident does become self-sufficient, and this general
financial assistance is discontinued, we both agree that it will be reported to the
Housing Authority within ten (10) calendar days.

Dated this _____ day of _____, 20____.

SIGNED:

Provider of Assistance

Tenant

PROVIDER CONTACT INFORMATION:

Address _____
City, State, Zip _____, _____
Telephone: _____
Message _____
Phone: _____

PROVIDER INCOME INFORMATION:

Employer _____
City, State, Zip _____
Telephone: _____
Point of
Contact: _____