

VERIFICATION OF CONTRIBUTIONS-LOAN-ROOMER/BOARDER PAYMENTS

Please have the appropriate individual(s) complete this form

VERIFICATION OF FINANCIAL CONTRIBUTIONS

I contribute \$ _____ weekly, bi-weekly, monthly, semi-monthly (circle one) to

_____.

- (Date) - (Signature) - (Address) - (Telephone)

VERIFICATION OF LOAN

I, _____, certify that _____ has a loan of \$ _____
(Lender) (Borrower)

for the purpose of _____.

The borrower agrees to repay the loan and payments will begin/began on _____
at _____

\$ _____ per month and will end on _____. Signature of Borrower

(Date)

- (Date) - (Signature of Lender) - (Address) - (Telephone)

VERIFICATION OF ROOMER/BOARDER PAYMENTS

I, _____, pay to _____ the amount
of _____

(Name of Roomer/Boarder) (HOH)

\$ _____ monthly for room or board. I average eating _____ meals with the head of
household per day. I certify the above information is true to the best of my knowledge.

- (Date) - (Signature)

WARNING: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by Kentucky Revised Statute (KRS) 194.505(7), KRS 194.90 and federal law, including fines, imprisonment or both.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

You may also file your complaint with the Cabinet for Health and Family Services, Office of Human Resource Management, EEO Compliance Branch, 275 E Main St, 5C-D, Frankfort, KY 40621 or call (502) 564-7770 EXT. 4107.

If you have other complaints about your case, you can call the Ombudsman's Office at 1-800-372-2973 or (TTY) 1-800-627-4702.