NORTH DAKOTA housing FINANCE AGENCY

DECLARATION OF FINANCIAL ASSISTANCE BY PARENT OR LEGAL GUARDIAN

COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION

SFN 61506 (04/26)

Name of Parent(s) or Legal Guardian(s)	
Applicant Name	Amount Given Monthly

Financial assistance includes cash, as well as the payment of other expenses. Please use the chart below to help determine, **in addition to any cash**, the amount of financial assistance that you provide each month.

Household Expenses	Amount Paid Monthly
Rent	
Utilities	
Telephone (including cellular service)	
Cable/Satellite TV	
Internet Access	
Food/Groceries	
Car Payment	
Gas	
Car Insurance	
Toiletries (shampoo, soap, deodorant, toilet paper, etc.)	
Cleaning Supplies (detergent, bathroom cleaner, paper towels, etc.)	
Clothing	
Entertainment (restaurant meals, movies, sporting events, etc.)	

I hereby certify that the information on this form is accurate and complete to the best of my knowledge. I understand that false statements are grounds for termination of housing assistance and tenancy.

Signature of Parent/Legal Guardian	Date
Signature of Parent/Legal Guardian	Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned for not more than five years, or both.