



Morris County Organization for Hispanic Affairs

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NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS WEATHERIZATION / HOME ENERGY ASSISTANCE PROGRAM

CERTIFICATION OF FAMILY CONTRIBUTION

Name: _____

SS: _____

I certify that I receive: Weekly Bi-weekly Monthly

\$ _____ in cash as **family contribution**. I understand that it is my responsibility to provide information concerning any earned income received by me and that this information must be reported promptly to a representative of the Weatherization or/and Home Energy Assistance Program.

Signature

Date

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.