

INDEPENDENT LIVING PROGRAM

LOSS RECEIPT AFFIDAVIT

(Limit to ONE TIME ONLY within a one-year Period)

I, _____, living at

_____, Los Angeles County California, certify through my

signature that the statement given below is true and correct to the best of my knowledge and belief:

Amount: \$ _____ Purpose: _____

List of Purchased Items with cost to each item:

SIGNATURE _____ DATE _____

ANY PERSON WHO SIGNS THIS STATEMENT AND WHO WILLFULLY STATES AS TRUE ANY MATERIAL MATTER WHICH HE KNOWS TO BE FALSE IS SUBJECT TO THE PENALTIES DESCRIBED FOR PERJURY IN SEC. 118 OF THE PENAL CODE BY THE STATE OF CALIFORNIA.

VERIFIED / APPROVED BY (Sign & Print) TITLE (Transition Coordinator or Above) DATE