

STATEMENT OF SUPPORT

STATEMENT OF SUPPORT FOR: _____
(NAME OF APPLICANT)

SECTION 1 – If someone else provides you with support please have the individual providing support fill out this form, sign, and date section 2.

(NAME OF PERSON PROVIDING SUPPORT IF APPLICABLE)

What is your relationship to the applicant?

- Self
- His/her parent
- His/her child
- Relative: (Spouse, Brother, Sister, Aunt, Uncle, Partner, etc.) _____
- Other: (Friend, Neighbor, etc.) _____

Type of support provided (check all that apply):

- Lodging
- Food
- Utilities
- Monthly Income _____ at or below 400% **included but not limited unearned income**
- Other: _____

How long has the applicant lived in your household (if applicable)? _____.

Please provide the following current contact information.

Mailing address: _____
Address

City, State, and Zip Code

Telephone Number

Please provide an explanation of your circumstances that may be helpful in determining eligibility.

SECTION 2: By signing below, I assert that the contents of this form are complete and accurate, to the best of my knowledge.

Support Provider Signature

Applicant Signature

Date

SECTION 3

APPLICANT SIGNATURE: _____ **DATE:** _____