

STATEMENT OF SUPPORT

COMPLETE THIS FORM IF SOMEONE ELSE PROVIDES SUPPORT FOR YOU.

STATEMENT OF SUPPORT FOR

(NAME OF APPLICANT)

SECTION I – IF SOMEONE ELSE PROVIDES YOU WITH SUPPORT, HAVE HIM/HER FILL OUT THIS FORM AND HAVE HIM/HER SIGN IN SECTION 2.

Name of person providing support

What is your relationship to the applicant?

- His/her parent (biological or adoptive)
- His/her child (biological or adoptive)
- Other relative (brother, sister, aunt, uncle, brother-in-law ext.) Please circle or indicate other

 Other (friend, neighbor, etc.) Please circle or indicate other _____

Type of support provided for free or minor charge (check all that apply):

- Lodging
- Food
- Telephone
- Utilities
- Other (describe): _____

For what part of the past 12 months did the applicant live in your household?

_____.

Please provide the following current contact information.

Mailing address: _____

Address

City, State and Zip Code

Telephone Number

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