

Georgia ADAP/HICP Statement of Support

Use of form: If someone else provides you with support please have the individual providing support fill out this form, sign and date Section 2.

SECTION 1:

Name of applicant:

Name of person providing support (*if applicable*):

What is your relationship to the applicant?

- Self
- Parent
- Child
- Relative (ex. Spouse, Sibling, Aunt, Uncle, Partner, etc.)
- Other (ex. Friend, Neighbor, etc.)

Type of support provided (check all that apply):

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

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

Current contact information:

Address:

City, State, Zip Code:

Phone Number:

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

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

Support Provider Signature: Date:

Applicant Signature: Date: