

# 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:** \_\_\_\_\_