



Financial Support

Date: _____

Applicant Name: _____

I give the person filling out this form permission to report all money given to me and assistance paid on my behalf in the time period in question.

Applicants Signature: _____

Time Period: From: _____ To: _____

**Please complete the following, sign the form and include your address and phone number
(Person outside of household helping pay bills must fill in this section.)**

1. Is this Alimony/Spousal support? Yes_____ No_____
2. What type of assistance has been provided? (Check all that apply)
Rent/Mortgage_____ Food_____ Utility Payment_____ Fuel_____
3. Total amount provided to the applicant in the **time period listed above**. \$ _____
4. Who was this paid to? _____
5. How many months have you been helping the applicant? _____
6. Does this have to be paid back? () YES () NO
7. Relationship to Applicant? _____

Signature

Street Address

Please Print Name Clearly

City, State and Zip Code

Email address

Phone Number

Comments: _____
