



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. Time period: From: _____ To: _____

Applicant Signature: _____

Person outside of household helping pay bills must fill in this section.

Is this alimony/spousal support? *Yes / No*

What type of assistance has been provided? *(Check all that apply)*

Rent/Mortgage Food Utility Payment Fuel

Total amount provided to the applicant in the time period listed above: \$ _____

Who was this paid to? _____

How many months have you been helping the applicant? _____

Does this have to be paid back? *Yes / No*

Relationship to Applicant: _____

Signature: _____ Street Address: _____

Print Name: _____ City, State, Zip Code: _____

Email: _____ Ph: _____

Comments: _____
