

Friend or Family Support Form

To be completed by the **person providing support** to the Applicant

Applicant's name: _____

I, _____, declare that I have contributed a total of \$ _____
from _____ to _____

Toward the support of: _____
(Please print name of person you contributed to)

Is this a regular/monthly support (6 months or more) _____ YES _____ NO

I consider the contribution to be one of the following:

_____ CASH GIFT

_____ LOAN (**must provide copy of signed and notarized loan agreement or promissory note dated prior to the application date**)

I certify under the penalties of perjury that this is true and accurate information.

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship to the Applicant: _____

Comments:

Please return this form to the Applicant or Applicant's intake worker:

_____ Phone: (603) 223-0043 extn: _____ Email: _____@capbm.org