



Financial Support Verification

This form is to be completed when financial support has been provided by an individual or entity.

I, _____, authorize the release of the below information regarding financial assistance given to me.
Applicant Name

Name (please print)

Signature

The section below must be completed by the person or agency that provided support

Type of assistance provided (mark all applicable):

- Rent/Mortgage
- Utility or Heating Bill
- Other Financial Assistance

Total amount of \$ provided during the dates of _____ to _____ was \$ _____.

How frequently is assistance given? (select one)

- One time
- Ongoing, less than six months
- Regular assistance for 6 months or longer

Is the assistance a donation or a loan? (select one)

- Donation/Gift
- Loan (Must be repaid)

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

Name (please print)

Relationship to applicant (or Agency name)

Street Address

City/Town and State

Signature

Phone Number