



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 during the time period of _____ to _____.

Name (please print)

Signature

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

Name of Person or Agency providing support: _____

Type of assistance provided (mark all applicable):

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

Amount of assistance provided during time period listed above: \$_____

How frequently is assistance given? One time Weekly Biweekly Monthly

How long has assistance been given? Less than six months 6 months or longer

Is the assistance a donation or a loan? Donation Loan

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

Name (please print)

Relationship to applicant (or Agency name)

Signature

Phone Number