STATEMENT OF SUPPORT

Documentation of Financial Support for Applicant

Instructions: If the applicant does not have income or cannot provide documentation showing how they maintain themselves, this form may be used as documentation.

Important: This form must be completed and signed by the person who provides support; the applicant should not fill this form.

*** Name of Person Providing Support:**

First Name _____ Last Name _____

*** Print Applicant Name:**

First Name _____ Last Name _____

*** Applicant Street, City, State & Zip Code:**

_____

*** I Have Provided Support Since:** _____

*** My Relation to the Applicant Is:** _____

(e.g., Parent, Sponsor, Relative, Friend)

*** The Type of Support That I Provide Is (check all that apply):**

- ☐ Room
- ☐ Food, clothes
- ☐ Rent, mortgage
- ☐ Utilities (water, electricity, gas, etc.)
- ☐ Cash $ _____ per month
- ☐ Other (Explain)

You Can Contact Me at the Following Number to Verify Such Information:

(###) ###-####

SUPPORTER CERTIFICATION:

I certify that the above information is true and correct to the best of my knowledge, and that I provide the support described above to the applicant named on this form.

*** Supporter Signature:**

Sign your name

*** Date:**

MM/DD/YYYY

This form must be completed by the person providing support and returned to the applicant or submitted as required.