accesshealth

Supporter Statement

This form must be completed by any applicant who has no income or cannot provide documentation showing how they support themselves. This form must be completed and signed by the person providing support; **it should not be completed by the applicant.** Please bring a copy of the ID of the person completing this form.

I, _____, certify that I currently support;
(Printed Name of Supporter)

_____, who resides at the following address:
(Printed Name of person you Support)

Supporter Address	Apt Number
City/State/Zip	

I have supported him/her since _____
(Date)

My relationship to the applicant _____
(Examples: Parent, Spouse, Roommate, Friend, Sister, etc.)

The type of support I provide is (check all that apply)

☐ **Room** ☐ **Food/Clothing** ☐ **Rent/Mortgage** ☐ **Utility Bills (water, electricity, gas, etc.)**

☐ **Cash Assistance in the amount of $** _____ **per month** ☐ **Other** _____

Additional Explanation (if necessary)

_____

_____

I can be reached at the following number(s) to verify this information

Phone Number	Phone Number

By signing this form, I affirm that the above information is an accurate statement of assistance being provided to the applicant. I understand that if I deliberately omit or give false information the applicant may be removed from the program and/or criminally prosecuted.

SIGNATURE OF SUPPORTER	**PRINTED NAME OF SUPPORTER**	**DATE**

Please note: If there are special circumstances surrounding your household situation that would need to be explained or verified by a social worker, case manager, or public health nurse, please have them provide a detailed support statement on your behalf and attach it to your application when applying for assistance.