



# 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

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**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