



Fuel and Electric Assistance Program

# 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