ASSISTANCE VERIFICATION

Applicant's Name

The person named above states that you provide help to his/her household. Please answer the following questions explaining what help you provide.

Does this person live with you?..... ☐ **YES** ☐ **NO**

Do you give cash to the applicant?.....☐ **YES** ☐ **NO**

If "Yes", how often? _____ How much?_____

Do you expect them to pay the money back? ☐ **YES** ☐ **NO** When?_____

Do you pay any bills for the applicant? ☐ **YES** ☐ **NO**

If "Yes", which bill?_____

Who do you give the money to?_____

Do you provide any assistance for the household that is NOT in cash? ☐ **YES** ☐ **NO**

If "Yes", check all that apply.

☐ Shelter ☐ Food ☐ Personal Items ☐ Transportation ☐ Other _____

Do you plan to continue providing assistance for the applicant? ☐ **YES** ☐ **NO**

If "Yes", how long will you provide assistance?_____

If "No", what is the last date of assistance? _____

I certify that the above information is true and correct. I understand that providing false information can result in legal action against me.

Printed Name:_____ **Date:**_____

Signature:_____

Address:_____