

* This form must be filled out completely and signed!

LETTER OF SUPPORT

Name(receiver) (Your name here) receives a monthly (How much are they giving you?) of money
from(supporter) (Who is giving you money?) totaling in the amount of \$ dollaramount
Below is a breakdown as to where the amount is distributed.

\$ <u>Dollaramount</u>	<u>What it paid for</u>
\$ _____ = _____	
\$ _____ = _____	
\$ _____ = _____	
\$ _____ = _____	
\$ _____ = _____	
\$ _____ = _____	
\$ _____ = _____	
\$ _____ = _____	

Name of
Supporter: Name of person giving you the money
* This can not be someone who is on Pipp or receives HEAP

Address: Address of person giving you money

Phone: Working phone number for person giving you money

Signature: Person giving you money must sign and date.

Date: _____

* This sheet must match the self-declaration of income worksheet.
The dollar amounts should match!

LETTER OF SUPPORT

Name(receiver)_____ receives a monthly_____ of
money from(supporter)_____ totaling in the amount of
\$_____. Below is a breakdown as to where the amount is distributed.

\$_____ = _____

\$_____ = _____

\$_____ = _____

\$_____ = _____

\$_____ = _____

\$_____ = _____

\$_____ = _____

\$_____ = _____

Name of
Supporter: _____
—

Address: _____

Phone: _____

Signature: _____

Date: _____