

2017 Home Energy Assistance Program

SUPPORT LETTER

To be filled out by the Supporter of the Applicant

PLEASE be informed that I, _____, assist

_____ Social Security No.: _____

of (Address) _____ with Financial Support.

1. Support started on _____ and continued until _____.

2. Support is paid in the following manner: _____
(Cash, Services, Goods, etc.)

3. The cash or cash equivalent value is: \$ _____ (weekly/monthly)[circle one]

4. My relationship to the above applicant is: _____

5. I can be contacted at: Address: _____

Phone #: _____

*****THIS DOCUMENT MUST BE NOTORIZED*****

Supporter Signature

I attest the above information is complete and accurate:

Supporter Signature

Date

Notary Name (printed): _____

Notary Signature

Date