

# 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