

# Client Letter of Support Form

*(This form is needed if claiming Zero Income OR if your Case Manager request during your phone interview)  
This form is required for each individual that has assisted the client*

## Name of Client that Support is for:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## Name of Person Providing Support:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

## Address of Person Providing Support:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Telephone Number & Signature of Person Providing Support

Phone Number: \_\_\_\_\_

Signature of person providing support: \_\_\_\_\_

Date: \_\_\_\_\_

## If Money is provided, state the dates and the amount of money for the past 12 months:

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

## If Assistance is Paid on Behalf of Client Directly - no cash was exchanged (bills, clothes, food, etc.) provide the dates and amounts for the past 12 months

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ Assistance: \_\_\_\_\_