



VERIFICATION OF INFORMAL SUPPORT

Applicant name: _____ Social Security Number: _____

The person listed above has applied for a federally assisted program. Federal regulation requires verification of all household income. The applicant has indicated that you provide informal support. Please complete all the information below. Thank you for your assistance.

By signing below, I authorize the release of this information.

Applicant signature _____ Date

I certify that I provide assistance in the amount of \$_____ weekly_____ monthly_____ other_____.

The assistance provided for: Check all that apply.

Food Clothing Rent Utilities Transportation Other, Please explain _____.

Payment is made directly to: _____ applicant above _____ vendor or supplier
_____ financial institution _____ guardian/payee

I certify this information is accurate.

Signature _____ Name (print)

Relationship to applicant _____ Date

Agency _____ Telephone number

Address _____ City _____ State _____ Zip

Your prompt response will help assure timely processing of the application for assistance. Gateway Community Action Agency is obligated to maintain all applicant information in strictest confidence.

Please return form to: **Gateway Community Action Agency**
151 University Drive/PO Box 367
P.O. Box 151
West Liberty, KY 41472

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

Gateway Community Action Central Office: 606-743-3133
RV: 20190731 IC: INTERNAL

CAK # 1-800-456-3452