

STATEMENT OF SUPPORT
Weatherization Assistance Program

I, _____, do hereby certify that during the
period of _____ to _____ that I
provided the following support to _____.

Food ____ Clothing ____ Rent ____ Gifts* (specify) _____

Other _____

Signature of Support Person (s)

Date

Address

City

Relationship to Applicant

Signature of Applicant

Date

* Gifts are contributions of cash, goods, or services for basic necessities that are made
without any commitment of repayment.

FOR AGENCY USE ONLY

Client Name: _____

Job Number: _____