

This form must be completed if you have low or no income, are unemployed or have a claim pending for disability. This form must be completed by the person(s) providing you support.

I, \_\_\_\_\_, provide food, lodging and other  
(Print Support Provider's Name)

basic necessities for \_\_\_\_\_.  
(Print Applicant's Name)

I certify that I DO claim the applicant as a dependent on my income taxes.

I certify that I DO NOT claim the above named person as a dependent on my income taxes.

Support Provider's Name: \_\_\_\_\_

Support Provider's Relationship: \_\_\_\_\_

Support Provider's Address: \_\_\_\_\_

\_\_\_\_\_

Support Provider's Telephone Number: \_\_\_\_\_

Type/Amount of Support: \_\_\_\_\_

Support Provider's Signature: \_\_\_\_\_

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