

Zip

## Support Verification Affidavit

	=	on is required for applicants whole to provide proof of income.c		y another individual/agency or are
Applicant's N	lame:			
Print first name Applicant's Current Residence:		Print middle initial	Print last name	
residence.	Address			
	City	State	Zip	
		nt is to be completed by the pe		
The individu  Housing  I expect to co  My relations  I certify that  Provider Nar	al named a  "Utilities ontinue to position to the position to the position to the position to the information of the informatio	bove receives the following from r  Food Cash  rovide these items until:  erson named above is:  ution in this section is true and corr	me:	
		Date		o verify the client's living or support situa
The above n	amed perso	on receives the following services f	rom this agency:	
□ Shelter	□ Social S	Services 🛮 Other:		
I certify that	the above r	named person is: 🛭 Homeless with I	no source of income,	
		dent of CA, Other		
Agency Nam	ne (print):			
Agency Rep	resentative	(print):		

9/16/2011

Agency Address: \_\_\_\_\_

City

State

Agency Telephone: \_\_\_\_\_\_ Fax Number: \_\_\_\_\_