HELP, Inc.

Household Support Form

Complete this form if you have no income

Applicant

Person Supporting Applicant

Please provide the amount of support you provide the applicant in the following categories:

Housing

Utilities

Food

Healthcare Costs

Other

How long have you been supporting this applicant?

In your words, please tell us why the applicant does not currently have income.

I acknowledge the above information is current and accurate. I understand that information found to be false or misleading will result in immediate dismissal from this practice.

Date

Signature of Person Supporting Applicant