



# RESIDENCE/SUPPORT VERIFICATION

I,  who reside at:  
(Print Name of Individual **PROVIDING** Assistance)

(Street Number Street name) (Apt #) (City) (State) (Zip)

declare that I have provided the following (Please Check all that Applies)

**FOOD**

**FOOD AND SHELTER**

**SHELTER**

Beginning date:

Ending date:

(DO not notate an end if assistance is ongoing)

For  who resides at:  
(Print Name of Individual **RECEIVING** Assistance)

(Street Number and Name) (Apt #) (City) (State) (Zip)

X \_\_\_\_\_  
(Signature of Individual PROVIDING assistance) (Date)

Relationship to Applicant:

**I attest that the information stated above is true and accurate and I understand that the above information – if misrepresented or incomplete – may be grounds for immediate termination and/or penalties as specified by law.**

**THE INFORMATION PRESENTED HEREIN RELATES TO MY CURRENT LEGAL RESIDENCE**

Customer Signature

Date

Case Manager

Date

### **For MIS Staff ONLY**

Comments: