

SOUTHEAST TENNESSEE HUMAN RESOURCE AGENCY

**Statement of Support
For Zero(0) Income**

Comprehensive Emergency/Homeless/LIHEAP

_____ **Date**

I, _____, do hereby certify that during the period of
Support Person
_____ to _____ that I provided the following
support to _____:
Applicant

- _____ **Food**
- _____ **Clothing**
- _____ **Rent**
- _____ **Gifts* (specify)** _____
- _____ **Other (specify)** _____
- _____
- _____

Signature of Support Person(s)

Signature of Applicant

***Gifts are contributions of cash, goods or services for basic necessities which are made without any commitment for re-payment.**