

## Financial Support Statement

<u>Type of Support</u>	<u>Monthly Amount</u>	<u>No. of Months</u>	<u>Yearly Total</u>
Rent/ Housing			
Heat			
Electricity			
Cable			
Internet			
Cell Phone			
Telephone			
Health Insurance			
Car Insurance			
Vehicle Payment			
Food			
Clothing			
Child Care			
Consumer Debt Specify Type:			
Other: Specify Type			
Other: Specify Type			

Total support received during the year \_\_\_\_\_ equals \$ \_\_\_\_\_

Recipient's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Payer's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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