



## Supporter Statement

I, \_\_\_\_\_ verify that \_\_\_\_\_  
Person providing assistance Applicant's full name

lives at \_\_\_\_\_  
Applicant Address City/Zip Code

### **I Provide Financial Assistance For:**

<input type="checkbox"/> Child Support:	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly	\$ _____
<input type="checkbox"/> Spouse Support:	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly	\$ _____
<input type="checkbox"/> Parent/Family Member:	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly	\$ _____

**NOTE: The person providing support must attach a copy of their most recent tax return with this Supporter Statement**

### **I Provide Residential Assistance:**

The applicant resides at my residence.  
 They do not pay me rent.  
 They pay \$\_\_\_\_\_ To help toward the rent and utilities.  
How long has the applicant resided at your address? \_\_\_\_\_  Months  Years  
How long do you anticipate that the applicant will reside at your address? \_\_\_\_\_  Months  Years  
Does the applicant have another residence?  Yes  No If yes, where: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**I certify under penalty of perjury that the information provided is true and complete to the best of my knowledge. If it is not, client will be subject to immediate termination of services, repayment fees to The Bridge for services received, and/or criminal prosecution.**

**Your signature below authorizes use of the above information by The Bridge Breast Network to determine eligibility for services. This information will be kept in the strictest confidence and will only be used for program qualification/eligibility purposes.**

**Signature - Person providing assistance:** \_\_\_\_\_

**Address, City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

### **THIS FORM MUST BE SIGNED AND NOTARIZED.**

State of Texas, County of \_\_\_\_\_

Before me, a notary public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

\_\_\_\_\_  
Notary Public's Signature (Personalized Seal)