

LORAIN COUNTY DEPT. OF JOB & FAMILY SERVICES

42485 NORTH RIDGE ROAD - ELYRIA OH 44035-1057
(844) 640-6446 FAX: (440) 323-3422

IM-400 (Rev 1/2019)

STATEMENT OF SUPPORT

Case Name:	Case Number:
Caseworker/Supervisor:	Date:

RELEASE OF INFORMATION: To be completed and signed by the applicant.

The name, address, and phone number of the person GIVING my household financial help is:

Name: _____

Address: _____

Phone Number: _____

Name of household member RECEIVING the help: _____

Release of Information: My signature below means that I give the person indicated permission to furnish all information about me that is requested on this form. I understand this information will be used to establish my eligibility for public assistance. I also give the Department of Job and Family Services permission to contact this person to obtain or clarify any information contained on this form.

Applicant Signature:	Phone:	Date:
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FINANCIAL HELP: To be completed and signed by the person providing the financial help.

Bill Payment:

I pay/have paid bills directly to the company for the person listed above. The bills I pay/have paid are:

Rent Mortgage Property Taxes Home Insurance Electric Gas Phone Water/Sewer

Daycare Other (specify): _____

I will continue to make these direct payments. Yes No If no, last date paid: _____

Money Given:

I give/have given money to the person listed above.

Amount: \$ _____ (average amount per month)

I will continue to give this to the person named above. Yes No If no, last date paid: _____

I expect the money to be paid back. It is/was a loan.

I do not expect the money to be paid back. It is/was a gift.

Other:

I buy other things for this person.

Specify items: _____

Additional Comments: _____

My answers on this form are correct and complete.

Printed Name:	Signature:	Date:	Phone:
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