

**APPROVED**

By Sissy Brown at 7:10 am, Sep 03, 2024



Douglas Cherokee Economic Authority  
Community Services Programs



Statement of Support

**Please print all information**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(name of person providing support) (address of person providing support)

telephone number \_\_\_\_\_ do hereby certify that during the period of  
(telephone # of person providing support)

\_\_\_\_\_ to \_\_\_\_\_ I provided financial support to \_\_\_\_\_  
(name of applicant or household member)

of \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
(applicant household address)

Frequency of support: (please check one)

- \_\_\_\_\_ Weekly
- \_\_\_\_\_ Bi-weekly
- \_\_\_\_\_ Monthly
- \_\_\_\_\_ Occasionally

Signature of person providing support: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify that the information above is correct. I understand that falsifying and/or withholding income information is a federal offense, and I can be convicted and subject to a fine of up to \$10,000, or imprisonment for no more than five years, or both, under the laws of the State of Tennessee.**