

LETTER OF SUPPORT

REQUIRED IF APPLICANT HAS NO INCOME, MUST BE NOTARIZED

APPLICANT

APPLICANT NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
APPLICANT SIGNATURE:	DATE:	

PERSON PROVIDING SUPPORT (CANNOT BE APPLICANT)

NAME OF SUPPORTER OF ABOVE APPLICANT: ______

My signature below indicates that I provide or assist with food, lodging, transportation, and/or financial support for the above applicant.

SUPPORTER SIGNATURE:

_DATE: _____

NOTARY PUBLIC

The State of Alabama}.			
County of}.			
l,		ARY PUBLIC), hereby certify that RTER) whose name is signed to the foregoing	
conveyance, and who is known to me conveyance, he/she executed the same	-	on this day that, being informed of the contents of the at bears the same date.	
Given under my hand this	day of	, 20	
SEAL or STAMP BELOW			
	(Notary Public in and for s	said County in said State)	

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