



Hunt County Shared Ministries  
 PO Box 124  
 Greenville, TX 75403  
 (903)455-0545 Fax (903)455-0546

## Verification of Assistance

|                |                   |
|----------------|-------------------|
| Client's Name: | Client's Address: |
|----------------|-------------------|

*The above named person states that you provide help to his/her household. In order to evaluate the financial situation of this household, we need some information from you. Please answer the following questions explaining what help you provide.*

Does this person live with you?..... Yes \_\_\_ No \_\_\_

Do you give anyone in this household cash? ..... Yes \_\_\_ No \_\_\_

If "Yes", who do you give money to? \_\_\_\_\_

How much money do you give this person? \$ \_\_\_\_\_

How often do you give this person money? \_\_\_\_\_

When did you begin giving this person money? \_\_\_\_\_

Do you expect this person to pay you back?.....Yes \_\_\_ No \_\_\_

Is this money paid for work performed?.....Yes \_\_\_ No \_\_\_

Do you provide any assistance to this household that is not cash? Yes \_\_\_ No \_\_\_

If "Yes", what type? (check all that apply)

Shelter \_\_\_\_\_ Food \_\_\_\_\_ Personal Items \_\_\_\_\_ Transportation \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Do you pay any of the bills for this household?..... Yes \_\_\_ No \_\_\_

If "Yes", which bills? \_\_\_\_\_

If you paid by check or money order, who do you make it out to?

\_\_\_\_\_

Do you plan to continue providing assistance to this household? Yes \_\_\_ No \_\_\_

If "Yes", for how long? \_\_\_\_\_

If "No", date of last assistance. \_\_\_\_\_

|              |          |
|--------------|----------|
| Name:        | Address: |
| Telephone #: |          |

\_\_\_\_\_  
 Signature (of the person providing assistance)  
*You will need to provide a copy of your picture ID*

\_\_\_\_\_  
 Date