

## STATEMENT ABOUT FOOD OR SHELTER PROVIDED TO ANOTHER

The information below refers to: (Claimant's Name)

Claimant's SSN

1. Did you provide food and/or shelter to the above individual?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. What period of time did you provide food and/or shelter to this individual?

FROM \_\_\_\_\_ TO \_\_\_\_\_

3. Have you and the above individual agreed that he/she will repay you for this food and/or shelter?

YES \_\_\_\_\_ If yes, go to question 4

NO \_\_\_\_\_ If no, stop, and sign and date below.

4. When did you and the above individual establish the agreement that he/she will repay you for this food and/or shelter? \_\_\_\_\_

5. Under the agreement to repay:

How much will be repaid? \$ \_\_\_\_\_

When will it be repaid? \_\_\_\_\_

6. Remarks:

I declare under penalty of perjury that I have examined all the information on this form and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature

Date

Mailing Address

Telephone Number  
(Include area code)