

Jackson-Vinton Community Action, Inc.
118 S. New York Avenue
Wellston, Ohio 45692
Phone (740) 384-6421
Fax (740) 384-5815

LETTER OF SUPPORT

Home Energy Assistance Program Crisis Program

Customer Name: _____

This section is to be completed by the person providing the support:

Provider Name: _____

Address: _____

Street City State Zip Code

Telephone: (____) _____ Mobile (____) _____ Other (____) _____

What amount of financial support do you provide to the customer \$ _____

How often: Weekly Monthly Other

Please state how you give support to the customer:

Comments:

When did your financial support to the customer start? Date: _____ end? Date: _____

Is the financial support paid directly to the Creditor? Yes No

If yes, please **provide proof of payment(s) made on the customer behalf.**

Comments:

I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Signature of Provider

Date