



AFFIDAVIT OF SUPPORT

SECTION 1 — AFFIANT INFORMATION

Full Name: _____
Date of Birth: _____
Address: _____
City, State, ZIP: _____
Phone / Email: _____

SECTION 2 — SUPPORT INFORMATION

I, _____, affirm that I provide support to:

Name of Individual: _____

Relationship to Individual: _____

Type of support provided:

Housing

Food

Transportation

Monthly financial assistance

Other: _____

Amount or estimated value of support (if applicable): _____

Date support began: _____

I am providing this affidavit to confirm the support described above.

(Type additional details in the space provided below:)



SECTION 3 — DECLARATION

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

Witness 1 Name: _____

Witness 1 Signature: _____

Witness 2 Name: _____

Witness 2 Signature: _____

SECTION 4 — NOTARY JURAT

State of Missouri

County of Jackson

Subscribed and sworn (or affirmed) before me
on this _____ day of
_____, 20____, by

Notary Public Seal

_____.

Notary Signature

Printed Name

My Commission Expires
