



PEOPLE ACTING IN COMMUNITY ENDEAVORS
 President - Cheryl M. Cabral Executive Director - Bruce Morell



FINANCIAL ASSISTANCE STATEMENT

Applicant: _____

Application #: _____

To Be Completed By the Person Giving the Assistance

Please be informed that I, _____
 (Printed name of person **GIVING** assistance)

Certify under the penalties of perjury that the following is a true and complete account of the financial assistance I gave _____
 (Printed name of person **RECEIVING** assistance)

I gave her/him: \$ _____ per: (check one) _____ week _____ month.

This financial assistance began: ____/____/____ and will continue until ____/____/____.

If the assistance is not continuous, the amount (s) given from ____/____/____ to ____/____/____ was \$ _____, and it was given ____/____/____ (Date(s)).

My relationship to the applicant is: _____

My address is: _____

My home telephone number is: _____

My work telephone number is: _____

I further understand that P.A.C.E., Inc. may request additional information to verify my income. At that time, I will be held liable if I have misstated or understated the assistance in any way.

THIS STATEMENT MUST BE NOTARIZED.

Signature: _____ Date: _____
 (Person giving the assistance)

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory
 (Name of document signer)

evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledge to me that he/she signed it voluntarily for its stated purpose.

Notary Signature: _____ **NOTARY SEAL**

Commission Expire On: / /

