
**CLAIMANT'S STATEMENT ABOUT
LOAN OF FOOD OR SHELTER**

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

Claimant's SSN

Name of Person Making Statement if other than Claimant

Relationship to Claimant

1. Name and address of person who provided you with food and/or shelter

2. Month(s) in which this person provided you with food and/or shelter

from _____ to _____

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

YES ___ If yes, go to question 4.

NO ___ If no, stop, and sign and date below.

4. Under the agreement to repay:

How much will you repay? _____

When will you repay? _____

What funds will you use? _____

5. Have you started to repay this money?

YES _____ NO _____

I know that giving false information on this statement is a crime punishable under Federal and/or State law. All of the information given is true.

Signature

Date

Mailing Address

Telephone Number
(Include area code)