



Operation Fuel, Inc.
Financial Support from Family and Friends

I, _____ of _____ provide
(Name of contributor) (Contributor's address)

_____ with the following financial support towards household expenses
(Applicant's name)

Please circle one: Weekly Biweekly Monthly Yearly

Dates

Amount

Authorization for the Release of Information

I hereby authorize Operation Fuel, Inc. or any person or persons duly authorized by it, to verify all financial information pertaining to me or any member of my household age 18 or above with my/their employer(s), bank(s), credit union(s), loan companies, or any other source. I understand that failure to report accurate information will result in my being disqualified from receiving Operation Fuel energy assistance for the rest of the current program year and the following two years.

I certify that the information given on this form is true and correct.

Signature of Contributor

Signature of Notary

Telephone Number

Telephone Number

Date

Date

SEAL