

VERIFICATION OF SUPPORT AFFIDAVIT

NOTE: *This form is to be filled out and notarized by the person supporting the individual applying for Public Defender services. Incomplete documents will not be accepted.*

I hereby submit this Verification of Support affirming that I support the below listed applicant. I understand that the Public Defender is required by law to take the financial statement of the applicant under penalty of perjury and that I declare under penalty of perjury that the following statements are true and correct.

NAME OF APPLICANT: _____

NAME OF INDIVIDUAL(S) SUPPORTING APPLICANT:

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

RELATIONSHIP TO APPLICANT: PARENT SPOUSE
OTHER (please specify) _____

EMPLOYER: _____
MONTHLY WAGE: \$ _____
EMPLOYER'S ADDRESS: _____

IS THE APPLICANT EMPLOYED? _____, IF SO WHERE? _____
HOW LONG? _____

DOES THE APPLICANT RECEIVE OTHER TYPES OF SUPPORT? (Circle all that apply) SSI FOOD STAMPS DISABILITY
OTHER (please specify) _____

APPLICANT WAS LAST EMPLOYED _____ AT _____
(when)

COMMONWEALTH OF PENNSYLVANIA:
COUNTY OF LEBANON :
: ss:

I, _____, being duly sworn according to law, depose and say that the facts set forth in the foregoing Support Verification Affidavit are true and correct to the best of my knowledge, information and belief.

Date: _____

Signature of Person Supporting Applicant

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public