



Verification of Assistance Form

1199 South Beltline Rd.
Suite 100
Coppell, Texas 75019
(888)800-6799

Please have this form signed by the person with whom you live.

1. Does member live with you? Yes or No (**please circle**)
If Yes, please provide your address in which you and member reside _____.
If No, please provide an address where member is residing _____.
 - I attest, that this person has been living at the above address since ____ / ____ (month/year)
 - I attest, that I have known _____ for the last ____ / ____ (years/months).
 - Do they pay rent? Yes or No (**please circle**) If yes, how much? \$ _____.
 - Do they pay any of the following? (**please circle**)
 - **Electric:** Yes or No How much? \$ _____ **Gas:** Yes or No how much? \$ _____
 - **Water:** Yes or No How much? \$ _____ **Phone:** Yes or No how much? \$ _____
2. Do you provide financial assistance? Yes or No (**please circle one**)
Please provide the amount you contribute and how frequently?
Monthly \$ _____ Weekly \$ _____ Bi-Weekly \$ _____
 - If you provide non-cash items, what do you provide and how often do you provide it?

 - Is this a loan? Yes or No (**please circle**)
If Yes, how and when do you expect to be repaid?
_____.
3. I attest, that this person is:
____ Employed at _____ and receives _____ every _____.
____ Un-employed and that _____ provides him/her with all the necessities including food and shelter.
 - Do you anticipate any changes? Yes or No (**please circle**)
If Yes, what changes do you anticipate?

Verification of Assistance Form
NorthSTAR Enrollment

**Additional
Comments:** _____

**I understand that by the signing of this letter, my responses may be verified by Value
Options' Eligibility Department.**

**Providing false and/or misrepresented information in response to any question on this
application or any document submitted with this application could result in penalties
including, but not limited to, loss of member benefits and the ability to re-apply for the
NorthStar Program. It may also be subject to Federal and/or State prosecution.**

Your Name: _____ **(Please print)**

Relationship to member: _____

Signature: _____

Date Signed: _____ **Telephone #:** _____

Address:

