

# **Evidence of Dependent Maintenance**

This document is provided as evidence of the maintenance and financial support provided to the dependent named below. All supporting information and documentation are attached as required.

## **Dependent Information**

**Name of Dependent:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Relationship to Sponsor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## **Sponsor Information**

**Name of Sponsor:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

## **Summary of Maintenance**

Please provide a summary of the types and amounts of support given to the dependent (e.g., financial, housing, medical, educational).



## **Supporting Documentation**

Attached are copies of bank transfers, receipts, correspondence, housing agreements, or other documents supporting the maintenance of the dependent.

## **Declaration**

I declare that the information provided above is true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_