

Third Party Letter of Support- FQHC

Client Name: _____

Client Date of Birth: _____

Statement of Financial Support by me to (applicant's Name) _____.

This letter documents that (applicant's Name) _____ lives with me and/or is financially supported by me being the _____ (relationship) of the applicant is (i.e. mother, friend, brother)

I attest to the following:

- Applicant is financially unable to live independently, and I provide (him/her/them) a place to stay free of charge since _____.
- I am not legally married to the applicant.
- I do not claim applicant as a dependant on my income tax return.

Support Provided:

- I provide food/meals Clothing Medications Other items _____.
- I give \$ _____ each month to applicant to help cover living expenses.

If you have questions, please contact me at: _____ (phone/email)

Supporter Printed name: _____ Signature: _____ Date: _____

Address: _____

Client Printed Name: _____ Signature: _____ Date: _____

Client Address: _____
(please write complete address even if same as supporter)

Staff Witness Printed Name: _____ Signature: _____ Date: _____