



Letter of Financial Support for Individuals with No Income

Patient Name: _____ DOB: _____

Today's Date: _____

To Whom It May Concern:

I, _____ support my father/mother/family member
supporters name

_____ financially and provide for their basic needs of shelter and
name of patient

food. The approximate dollar value of my support is \$_____/month.

_____ has no income. ***I DO/ DO NOT** claim _____
name of patient *name of patient*

as a dependent on my income taxes. He/she is not eligible for government assistance due to

immigration status. Please accept this letter as his/her "proof of income".

Sincerely,

X

Supporters Signature

****Some organizations that Lahai partners with and that you may receive services from, will require a copy of your tax return.**