



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 (*not including spouse*)
Supporters' name

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

food. _____ has no other income.
name of patient

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

Sincerely,

X

Supporters Signature

**** Further documentation, including possibly your federal income tax may be required by some organizations that Lahai partners with and that you may receive services from.**