

Sample Notarized Letter of Support

Date: _____

To Whom It May Concern,

This letter is regarding Patient Name: _____.

I, _____, currently provide support for the person named above. To the best of my knowledge, he/she has no other means of income support. I support this person by the following means (Check all that apply):

_____ Financial support in the amount of \$ _____ per month.

_____ Food and shelter valued at \$ _____ per month.

If you have any questions, please contact me by phone at _____

Support Provider's Printed Name: _____

Support Provider's Signature: _____

STATE OF _____ COUNTY OF _____

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgments, personally appeared, _____, who is personally known to me/or presented a _____ driver's license number/ID# _____, EXP Date _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY _____ OF _____ 20 _____

Print Name of Notary: _____

Signature of Notary: _____