

Letter of Support

To Whom It May Concern:

I am providing support to _____, (HANDS Clinic applicant)

In the amount of \$ _____ per month.

\$ _____ Shelter \$ _____ Food

\$ _____ Other _____

Applicant resides at same address as person providing support.
(Check box if applicable)

Information from person providing support:

Name _____

Address _____

Phone _____

Signature _____

(Signature)

(Today's Date)

Notary Information:

STATE OF FLORIDA

County of _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, _____ (year), by
_____ (name of person making statement).

____ Personally Known

____ Produced Identification

Type and # of ID _____

NOTARY PUBLIC: _____ (STAMP)

MY COMMISSION EXPIRES: _____