

SUPPORT AND RESIDENCY VERIFICATION LETTER

_____ states that his/her average monthly income is _____.

Client's Name

His/Her means of support and residency are defined below. By signing this form, the client declares that the statement(s) is truthful. If information is found to be falsified, action can be taken up to and including removal from Ryan White supported programs.

Client: If someone else is supporting you, Attach documentation from that individual or organization. If documentation is unavailable, please explain why.

Client: Please explain how you obtain food.

Client: I reside at _____

Client: If you do not have proof of residency in your name, please state where and with whom you live and attach a written statement from the person(s) with whom you live.

Client Signature _____

Notary _____

Sworn to and subscribed before me this _____ day of _____ in the year _____.