



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)