We Care Manatee inc.

Medical Care For People In Need

AFFIDAVIT OF SUPPORT

(To be completed if patient is not employed and receives financial support from a friend/family member who is NOT a spouse)

This form MUST be notarized, no exceptions

Date: _____

I _____, _____ have been providing all or some
(Supporter) (Relationship)

means of support for _____
(Client Name)

in the amount of $_____ for the past _____ months **or** _____ years.

The support dollar amount can be determined by a portion of the monthly bills; example food, gas, rent, mortgage, phone / electric / water bills, medication, incidentals, etc.

_____ _____
Supporter Name (Please Print) Notary Name (Please Print)

_____ _____
Signature Signature and Stamp

_____ _____
Address City State/Zip Address City State/Zip

_____ _____ _____
Phone Phone Date

09.2012