

## Acknowledgement of Support for Monthly Expenses

Every Patient must complete this form. Please show how you cover your basic living expenses in the table below. Note whether you, an organization or an individual (friend or relative) pays for the expense. If you cover the expense yourself, simply write "Self" in both columns.

### Monthly Expenses

Expense	Payment Source: Self, Individual, or Agency?	Supporter's Name: Agency/Organization Name or Individual's Full Name and Relationship
Rent/Mortgage		
Utilities (Electricity, Water, etc)		
Food		
Clothing, Hygiene, Basic Needs		

**Acknowledgement of Support – To Be Signed by Individuals or Organization Representatives, if Applicable.**  
 If you cover all your own expenses, you only need to sign on the Patient Signature line at the bottom.

By my signature, I attest that this applicant has no income or insufficient income and that I, or the organization I represent, provide(s) financial support for their living expenses.

**Name of Support Contact – Rent** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Support Contact – Utilities** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Support Contact – Food** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Support Contact – Basic Needs** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (Or Signature of legal guardian)