

Room and Board letter

To Whom It May Con	cern:			
My name is		_ and I have beer	n providing room and	k
board for		(Name of patient), who has		
lived with me since	since I can continue to provide (Month and Year)			
room and board, but	I am unable to contribute	towards any med	lical bills or other	
financial needs.				
 Signature				
 Address	City	State	Zip code	-
Place Notary Seal in	the box below ONLY if for	m will also be used	d as proof of address	3:
State of County of				
This instrume	nt was acknowledged before	e me on	(date)
		(Signat	ture of Notary Public)	
(Seal)				