Room and Board letter

Date: _____

To Whom It May Concern:

My name is _____ and I have been providing room and board for _____ (Name of patient), who has lived with me since _____. I can continue to provide room and board, but I am unable to contribute towards any medical bills or other financial needs.

(Month and Year)

_____
Signature

_____
Address City State Zip code

Place Notary Seal in the box below ONLY if form will also be used as proof of address:

State of _____
County of _____

This instrument was acknowledged before me on _____ (date) by _____ (name/s of person/s).

_____
(Signature of Notary Public)

(Seal)