



**IN KIND STATEMENT**  
(REQUIRED FOR APPLICANTS WITH NO INCOME)

Date \_\_\_\_\_

To Whom It May Concern:

This is to certify that \_\_\_\_\_  
**(Person Providing Assistance)**

Have been providing \_\_\_\_\_  
**(Applicant's Name)**

With free room and board since \_\_\_\_\_ and will continue to do so.

TO MY KNOWLEDGE THE APPLICANT HAS **NO** INSURANCE, **NO** INCOME OF ANY MEANS, AND **NOT** EMPLOYED.

**MUST BE FILLED OUT BY PERSON "PROVIDING ASSISTANCE"**

**Name of Person Providing Assistance** \_\_\_\_\_

**Relationship to Applicants** \_\_\_\_\_

**Address of Person Providing Assistance** \_\_\_\_\_  
\_\_\_\_\_

**Telephone # of Person Providing Assistance** \_\_\_\_\_

**Signature of Person Providing Assistance** \_\_\_\_\_

**APPLICANT MUST RETURN THIS WITH THE SLIDING FEE APPLICATION.**