



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.