

Attestation of Circumstance

A. Patient

Please list yourself, and the persons in your household. **(Household is defined as yourself, spouse, and dependents)**

WHENEVER THERE IS A CHANGE IN THESE CIRCUMSTANCES, ANOTHER FORM MUST BE COMPLETED

Have you ever filed a tax return? _____ If yes, what was the date of the last time your filed? _____

STOP HERE! THE REST OF THIS FORM IS TO BE COMPLETED BY THE PERSON HELPING YOU FINANCIALLY

Write the name of the person attesting to your current life circumstance: _____

Answer the following questions regarding the patient and/or people listed above in Section A.

B. Shelter/Nutritional Support

1. I pay for or furnish shelter for the people listed at the top of the page in part A above..... YES NO
 - a. If YES, list the address of the shelter or housing provided _____
 - b. If NO, who pays for or furnishes shelter for the people listed at the top of the page:

2. I provide food for the people listed at the top of the page in part A above..... YES NO
 - a. If NO, how is food purchased for the people listed at the top of the page?
 Food Stamps Donated Food Other: _____
3. Is the person listed above as Patient, paying for rent or utilities? YES NO
 - a. If YES, how much to they pay for rent and/or utilities monthly? _____

C. Unemployed

1. To the best of my knowledge, are any of the people listed at the top of the page in part A, employed YES NO
 - a. If YES, who is employed:
 - Name(s): _____
 - Place of Employment: _____

D. Cash Contribution

I give a monthly cash contribution to the person(s) listed above in section A in the amount of \$_____.

I declare under penalty of perjury, that all statements on this form are true to the best of my knowledge

Signature of person completing this form

Signature of Patient (if minor, legal adult, or guardian)

Print Name

Date

Print Name

Date

Relationship to Patient

Address

Phone