To be used when applicant, who would otherwise be homeless is living with a family member, friend, etc., on a temporary basis, and the people he/she is living with have refused to provide their income information.
The applicant does NOT sign this form.
This form can also serve as Proof of Address

Exchange for Room and Board

Date: _____

Patient Name: _____
(Print Name)

To Whom It May Concern:

In exchange for room and board (including food if the patient does not receive SNAP/Food Stamps), The above patient performs household chores/odd jobs for a value of $_____ per month.

I verify that the patient resides at the following address:

_____.

_____.

_____.

By my signature, I verify the information above is true and the patient lives at the address listed above.

Person Providing Room & Board: _____
(Printed Name)

Signature: _____ Date: _____