



5249 Olde Towne Rd, Suite D, Williamsburg, VA 23188  
P (757) 259-3258 | F (757) 220-1953

### Financial Support Letter

We are trying to determine if you give money to any of the following persons:

\_\_\_\_\_

1. Do you give money to any of the people listed above? Yes  No
2. If you do give them money, what is the monthly amount? \_\_\_\_\_
3. Do you give the same amount each month? Yes  No
4. Do you pay any of the following expenses for this person (s)?

Housing     \$\_\_\_\_\_per month  
 Utilities    \$\_\_\_\_\_per month  
 Medical      \$\_\_\_\_\_per month  
 Other        \$\_\_\_\_\_per month

By completing this form, you are in no way made liable for any debt incurred by the above-named person. The information provided will allow the person above to receive a discount on services. Please feel free to contact us with any questions or concerns.

Date: \_\_\_\_\_

Signature of person completing this form \_\_\_\_\_

Relationship to person you are assisting \_\_\_\_\_

Telephone # of person completing form \_\_\_\_\_

Address of person completing this form \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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