



1026 West 7th Street  
Saint Paul, MN 55102

# United Family Medicine

A COMMUNITY CLINIC

651-241-1000 MAIN  
651-241-1126 FAX  
unitedfamilymedicine.org

## Statement of Support

LOCATED IN THE  
Peter J. King Family  
Health Center

This document is needed for Financial Assistance Program/Sliding Fee applicants that state they are not currently employed. This document is to be *completed by the person or persons that provide food and shelter* to this applicant.

I hereby attest to the fact that \_\_\_\_\_ (Name),  
\_\_\_\_\_ (Date of Birth) does lives with me at the following address:

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

He/She is currently unemployed. I provide his/her means of support.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name (Please Print)  
\_\_\_\_\_  
Relationship  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
Date

Notarized Signature is required:

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Name (Please Print)  
\_\_\_\_\_  
Date