



**Tift Regional Health System, Inc.**  
**Income Support Statement**

I, *(name of person giving support, not spouse)* \_\_\_\_\_,  
certify that *(applicant name)* \_\_\_\_\_ is my *(relationship to applicant)*  
\_\_\_\_\_, & to the best of my knowledge, is not  
currently employed and has no income of any kind including Social Security, Retirement,  
Short/Long Term Disability, Workers Compensation, or Unemployment. The last time they  
had any kind of income was *(MM/DD/YY)* \_\_\_\_\_. I give the following support.

***Check ALL that apply:***

- ☐ Financial *(I give them money or pay their bills)*  
☐ Room & Board  
☐ Food/Groceries  
☐ Other

**If the applicant named above is married:**

I also certify that the applicant's spouse, \_\_\_\_\_, to the best of my  
knowledge, is not currently employed and has no income of any kind and receives my support.  
The last time they had any kind of income was *(MM/DD/YY)* \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Support Person's Name *(please print)*

Date \_\_\_\_\_

\_\_\_\_\_  
Support Person's Signature

Witness-Required \_\_\_\_\_  
*(not applicant or spouse)*

Date \_\_\_\_\_