



**Southwell Ambulatory, Inc.  
Income Support Statement**

I, *(name of person giving support)* \_\_\_\_\_, 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 \_\_\_\_\_