



Tift Regional Health System, 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 _____