



## Letter of Support

To Whom It May Concern:

I am providing support to \_\_\_\_\_  
(Applicant Name)

In the amount of \$ \_\_\_\_\_ per month.

Information from person providing support:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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Notary Information:

STATE OF FLORIDA

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201 , by  
\_\_\_\_\_. Who is \_\_\_\_\_ personally known or produced identification \_\_\_\_\_  
type and # of ID \_\_\_\_\_ (Stamp)

Notary Public, State of Florida: \_\_\_\_\_

Commission Expires: \_\_\_\_\_