



RESIDENCE & FINANCIAL SUPPORT FORM

I, _____,
(Name of person providing Residence and/or Financial Support)

certify that

(Name of Applicant)

Check all boxes that apply:

..... **lives with me at** _____
(Street Address)

(City) (Zip Code)

..... **receives \$** _____ **per month from me as a regular contribution to her/his income**

..... **is supported by me in that I pay expenses (room and board)**

(Signature of person providing Residence and/or Financial Support)

(Date)

The Medical Access Program serves the healthcare needs of eligible residents in Travis County and is funded by Central Health



CENTRAL HEALTH



FORMA DE MANTENIMIENTO Y RESIDENCIA

Yo, _____,
(Nombre de la persona ayudando con residencia o mantenimiento)

afirmo que

(Nombre de Solicitante)

Marque todos los que corresponden:

..... **vive conmigo en** _____
(Dirección)

(Ciudad) (Código postal)

..... **le doy \$_____ cada mes como contribución a sus ingresos mensuales**

..... **yo lo/la mantengo, en que pago por sus gastos (pensión completa casa y comida)**

(Firma de la persona que le ayuda) (Fecha)

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