



**Admitting Services Financial Counseling**  
301 University Blvd  
Galveston, TX 77555-0309  
(409)772-6464, FAX (409) 747-4770

**NOTARIZED LETTER OF RESIDENCE AND/OR SUPPORT**

**RESIDENCE:** The patient, \_\_\_\_\_, resides in my household at my current address: \_\_\_\_\_

(Friend or relative must attach proof of this residence in their own name)

**SUPPORT:** I provide for basic needs, such as food, utilities and personal items for:  
Patient \_\_\_\_\_

\_\_\_\_\_  
Relative or Friend **Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print** name of Relative or Friend

*Do not write in this box. Official Notary use only for relative or friends Signature.*

State of Texas  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

**PATIENT'S RESPONSIBILITY**

For Proof of Residence:

A second form of resident proof (in the patient's name) must be submitted with this letter. This may be done by reviewing the proofs list and providing another approved document.

For Notarized Letter of Support

Have you applied for assistance with your local County Indigent Health Program? You must apply with your county for assistance **before** being considered for financial assistance with UTMB. Please provide us with a copy of your county coverage or denial letter.

\_\_\_\_\_  
PRINT **PATIENT** NAME

\_\_\_\_\_  
UH#

\_\_\_\_\_  
**PATIENT** SIGNATURE

\_\_\_\_\_  
DATE