

Administration and Finance  
352-518-2000  
Admin. Fax: 352-567-5193  
Finance Fax: 352-567-1974

For all locations:  
Phone: 352-518-2000

A Family Community Health Center



Partners Together in Healthcare

## Premier Community HealthCare Group, Inc.

### AFFIDAVIT OF SUPPORT

I, \_\_\_\_\_ residing at \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ hereby swear

that I am the sole supporter of the following individuals from (date) \_\_\_\_\_ to \_\_\_\_\_:

Name:	Date of Birth:

I provide the individuals listed above with the following support: (give value to all that apply)

\$ \_\_\_\_\_ Food Value      \$ \_\_\_\_\_ Housing Value      \$ \_\_\_\_\_ Transportation Value

\$ \_\_\_\_\_ Other Value \_\_\_\_\_

I understand that this affidavit of support is accurate, true and valid for 6 months. Proof of household income must be provided for any subsequent visits.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

Sworn to this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ who is known to me personally or who has provided \_\_\_\_\_ identification.

Stamp:

Notary \_\_\_\_\_  
Date \_\_\_\_\_ Commission Expires \_\_\_\_\_

\_\_\_\_\_