



Muslim American Social Services (MASS)

INCOME STATEMENT

I (Patient's Name) _____ certify by my signature that my estimated monthly gross household income currently is \$_____.

LETTER OF SUPPORT

I _____ hereby certify that I live at following address _____ and that I provide _____ (patient name) with food and shelter and this person does not have a job at the present time.

RESIDENCY DECLARATION

I _____ (patient name) hereby certify that I am a Duval County resident and reside at _____

I swear that the information I have provided above is true and correct.

Signature of Patient

Date

Signature of Provider (In case Letter of support)

Date

Sworn and subscribed before me this day _____



Notary Signature: _____

YOU MUST HAVE THIS FORM NOTARIZED IN ORDER TO PREVENT A DELAY IN THE PROCESSING OF YOUR REFERRALS.