

## Notarized Letter

I/We \_\_\_\_\_ do hereby state that shelter/

living expense is being provided for me/us by \_\_\_\_\_.

\_\_\_\_\_  
Patient Signature Date \_\_\_\_\_

\_\_\_\_\_  
Witness Date \_\_\_\_\_

State of West Virginia-County of: \_\_\_\_\_

The foregoing statement was acknowledged before me this \_\_\_\_\_  
Date

by \_\_\_\_\_  
Patient Name

My commission expires \_\_\_\_\_  
Date

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