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

**ATTESTATION LETTER**

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **attest that** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Your Name]*  *[Applicant’s Name]*

**lives at home with family at** \_\_.

*[Home address]*

**This family consists of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_

*[Mother, Father, Sister, Brother, Other Family Member]*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Relationship to person supported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_