

**West Houston Clinic**

19333 Clay Road  
Katy, TX 77449  
(713) 462-6555

**Pitner Clinic**

8575 Pitner Road  
Houston, TX 77080  
(713) 462-6565

**Katy Clinic**

5502 1st Street  
Katy, TX 77493  
(713) 231-5757

**Hillendahl Clinic**

1615 Hillendahl Blvd., Suite 100  
Houston, TX 77055  
(713) 462-6565

**WholeLife Clinic**

1839 Jacquelyn Road  
Houston, TX 77055  
(713) 462-6565

**Cy-Fair Clinic**

7777 Westgreen Blvd  
Cypress, TX 77433  
(713) 387-7180



**Supporter's Statement**

I, \_\_\_\_\_, certify that I currently support \_\_\_\_\_.  
*(Supporter's Name)* *(Applicant's Name)*

I have supported him/her since \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. My relationship to the applicant is \_\_\_\_\_.  
*(Month)* *(Day)* *(Year)*

To the best of my knowledge, he/she has no income (\$0.00) other than the support I provide. The type of support I provide is (please check one):

- Room Only
- Room and Board
- Other: \_\_\_\_\_

I can be reached at the following telephone number to verify this information: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

My address is as follows: \_\_\_\_\_  
*(Number)* *(Street)* *(Apt. Number)*  
\_\_\_\_\_  
*(City)* *(State)* *(Zip Code)*

By signing this form, I affirm that the above information is an accurate statement of assistance being provided to the applicant. I understand that if I deliberately omit or give false information, the applicant may be removed from the program and/or criminally prosecuted.

\_\_\_\_\_  
Supporter's Signature

\_\_\_\_\_  
Date