



# Sandoval County Healthcare Assistance Program

## VERIFICATION OF RESIDENCY LETTER APPLICATION

Mr. /Ms. \_\_\_\_\_ has applied for assistance with the Sandoval County  
(Patient/Applicant)

Healthcare Assistance Program. To complete the application the relative, friend or advocate is required to provide verification of residency in Sandoval County. One of the following documents required are current utility bill, mortgage contract, apartment rental lease contract or property tax bill.

Address of Rental Unit/Room: \_\_\_\_\_

\_\_\_\_\_ City State County Zip Code

Living with Relative, Friend or Advocate:

From: \_\_\_\_\_  
Month/Year

To: \_\_\_\_\_  
Month/Year

Please list all members living with the above named household:

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

Explain the arrangement you have with the applicant:

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

Print Name: \_\_\_\_\_  
(Advocate/Relative/Friend Name)

Signature: \_\_\_\_\_

Date \_\_\_\_\_

STATE OF NEW MEXICO)  
) SS.  
COUNTY OF SANDOVAL)

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

2010 by \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_