

# Family Dependency Letter

Date:

To Whom It May Concern,

I, , residing at , am writing to confirm that my family member, , depends on me financially and emotionally.

is my  and has been residing with me at the above address since .

I fully support  and provide for all living expenses, including food, shelter, clothing, and medical care. This letter is being provided to verify our family relationship and financial dependency for whatever purpose it may serve.

Please do not hesitate to contact me at  or  for any additional information.

Sincerely,

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