



Return form by Mail, Fax, or Email to:
NC MedAssist
4428 Taggart Creek Rd, Suite 101
Charlotte, NC 28208
Fax: 704-536-9865 | Email: Info@medassist.org

Documentation of Homelessness

I, _____, swear or affirm, to the best of my knowledge and belief, that I am currently homeless. I currently do not have any income and I receive my mail at the following address:

_____.

Date of Birth _____

Signature _____

Date _____

Additional information (if needed):
