**[Your Name]**

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

**To Whom It May Concern,**

This letter is to verify that I, [Your Full Name], am providing financial support to [Name of the person being supported] for the period of [Start Date] to [End Date]. During this time, I will be responsible for covering [specific expenses, e.g., living costs, tuition fees, etc.].

I am financially capable of supporting [Name] in this regard, and I have attached the necessary documents to verify my financial status. If you need any further clarification or supporting documentation, feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

 **[Your Name]**

 [Your Position]

[Company Name or Institution Name]