VERIFICATION OF INCOME
FROM FRIENDS OR RELATIVES

Case #:_____ Application Date: _____

Applicant's Name: _____

I hereby swear/affirm that I contribute the sum of $ _____

_____ Weekly _____ Bi-Weekly

_____ One Time _____ Monthly

_____ To help support the above applicant

_____ To help support the child/children listed below (list first & last name)

_____ _____

_____ _____

_____ _____

_____ _____

Signature of the Payor Date

_____

Address City State Zip

_____

Telephone #

**** PLEASE NOTE: Form must be filled out by person giving funds**

REVISED 7/31/12 HB