

**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                      \_\_\_\_\_ Monthly  
\_\_\_\_\_ One Time                      \_\_\_\_\_ Other

\_\_\_\_\_ To help support the above applicant

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

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

\_\_\_\_\_  
Signature of the Payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Payee

\_\_\_\_\_  
Address                                              City                                              State                                              Zip Code

\_\_\_\_\_  
Telephone #