

FAMILY CONTRIBUTION AFFIDAVIT

THIS FORM IS TO BE COMPLETED *ONLY* IF A MEMBER OF THE HOUSEHOLD RECEIVES FAMILY CONTRIBUTION VOLUNTARILY OR BY MUTUAL AGREEMENT

Applicant Name _____
(please print)

I, _____ DO swear that I contribute to the above
(Name of person)

I contribute to the named applicant in the amount of _____ on a weekly, bi-weekly, or monthly basis.
(amount / circle one)

Name: _____

Address: _____

City, State, Zip _____

Phone Number: _____

Signature _____ Date _____

I understand that by completing, signing, and dating this form, I declare the above information to be true. I understand that providing false information may result in denial of services.

Signature of Applicant _____ Date _____

Office Use Only: Client/Batch _____