

## Supplemental Declaration of Financial Support

(To Accompany Statement of No Income)

**Purpose:**

This form is required when an applicant reports no earned income but receives financial support (cash or direct payments) from a family member or other individual. The information provided will be used solely to determine program eligibility.

**Applicant Information****Parent/Guardian Full Name:** \_\_\_\_\_**Applicant Child Name(s):** \_\_\_\_\_**Program/School Year:** \_\_\_\_\_**Support Provider Information** (Person providing financial support)**Relationship to Applicant:** Parent                       Grandparent    Other (please specify): \_\_\_\_\_**Full Name:** \_\_\_\_\_**Phone Number:** \_\_\_\_\_**Email Address:** \_\_\_\_\_**Type of Support Provided** (check all that apply): Cash    Electronic transfer (Cash App, Zelle, Venmo, etc.)    Money order  
 Direct payment of expenses (rent, utilities, food, childcare, etc.)**Frequency of Support:** Weekly     Biweekly     Monthly     Occasionally (please explain): \_\_\_\_\_**Estimated Total Amount Provided Per Month:** \$ \_\_\_\_\_**How long has this support been provided?** Less than 3 months                       3–6 months                       More than 6 months

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I certify that the information provided above is true and accurate to the best of my knowledge. I understand that this information may be used to determine program eligibility and may be subject to verification. I understand that providing false information may result in denial or termination of benefits.

**Support Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I confirm that I have no earned income and that the support listed above is my only source of assistance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_