

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

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:** _____