



Third Party/Cash Receipt Income Verification

Parent(s)/Guardian(s) Name(s): _____ Date: _____

Child's Name: _____

Instructions: This form is to be completed for families that meet the following criteria; check the following boxes that apply.

- Third Party Income:** The family declares that they are currently being provided with income or resources from a third-party individual.
- Lack of Documentation:** the family does not have current documentation because they receive cash for payment of child support or for services provided.

Below to be Completed by Third-Party Provider to the Above Names Person – ONLY

A. Relationship to the above named parent(s)/Guardian(s)/or child:

B. Income/Resources Provided:

I, _____, am currently providing _____ with the
(Person Providing Support) Parent/Guardian

following resources equaling \$_____ in the past 12 months; or have

provided \$_____ per month since _____ to the
(Month/Year began or Date of Hire)

present.

C. Check the following boxes that apply:

- Child Support**
- Financial Support for Services Rendered (i.e. lawn services, manual labor, child care etc.)**

Third-Party Signature

Printed Name

Phone Number

Date