



444 Western Boulevard
Jacksonville, North Carolina 28546-6816
Phone (910) 455-1221

School Year 2011-2012

If anyone in the household pays or receives Child Support, Social Security Benefits, Disability, AFDC, TANF or any other untaxed income/benefits, please complete and return this document.

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_

I, (Student/Spouse/Parent) \_\_\_\_\_,
(circle one) (Print your full name)

received or paid the following amount for the 2010 fiscal year:
(circle one)

Child Support \$ \_\_\_\_\_

Enter "0" if none

Social Security Benefits \$ \_\_\_\_\_

Enter "0" if none

Other (Disability/AFDC/TANF) \$ \_\_\_\_\_

Enter "0" if none

Please list the names of children who you received or paid funds for:
(circle one)

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

Signature (Student/Spouse/Parent): \_\_\_\_\_
(circle one) (You must sign this form in the presence of a notary.)

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH.

County: \_\_\_\_\_

State: \_\_\_\_\_

NOTARY SEAL

My commission expires: \_\_\_\_\_

Sworn to and subscribed before me this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Please Print Notary Name: \_\_\_\_\_