



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

School Year 2009-2010

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 **2008** 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: _____

My commission expires: _____

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

Notary Signature: _____

Please Print Notary Name: _____