



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

**School Year 2010-2011**

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 **2009** 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: \_\_\_\_\_