

Third Party ZERO Income Verification

Parent's Name: _____ Date: _____

Child's/Children's Name(s): _____

I, _____, am currently providing _____
PRINT NAME (Person Providing the Support) (Parents Name)

with the following resources:

_____ Food

_____ Shelter

_____ Utilities

_____ Clothing

_____ Transportation

Parent/Guardian Signature: _____

Date: _____

Provider Signature: _____

Date: _____

Staff Signature: _____

Date: _____