



VERIFICATION OF NO CHILD SUPPORT INCOME

This form must be completed for any household member with minor children not residing with both biological parents and claiming no child support income.

The purpose of this form is to certify that I, _____, residing at

NAME

ADDRESS

verify I do not receive any child support income.

SIGNATURE

DATE

State of Florida
County of Seminole

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____ by
He/She who has produced _____ as identification

(NOTARY SEAL)



FLORIDA NOTARY

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.