

VERIFICATION OF INCOME CONTRIBUTION

STATE OF LOUISIANA

PARISH OF _____

TO WHOM IT MAY CONCERN:

LET IT BE KNOWN, that I, _____,
give to _____, the amount of \$ _____
per week/month/year, to help towards living expenses.

If there are any questions, I can be reached at:

Main Telephone Number: _____

Alternate Telephone Number: _____

AFFIANT'S SIGNATURE

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

**NOTARY PUBLIC
COMMISSIONED FOR LIFE**