

AFFIDAVIT FOR VERIFICATION OF INCOME CONTRIBUTION

**STATE OF LOUISIANA
PARISH OF ORLEANS**

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 Signature

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____, 20_____

Notary Public
Commissioned for Life