

FINANCIAL / NON-FINANCIAL ASSISTANCE: The assistance received by all individuals residing within the household, including cash, food, food assistance programs, school meals, health care, Medicare, Medicaid, housing, utility assistance, child care,

Source of Assistance	Monthly or Annual Amount/Value (indicate which)

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

Petitioner Signature

Date