

**Letter Household May Have Provider Complete
Statement of Money Paid**

This statement is to confirm that _____
(Name of Parent)

received the following amount of income before any deductions:

\$ _____

- weekly
- every two weeks
- twice a month
- monthly
- other _____

Please state the date of the check or cash payment listed above _____.

Signature of Provider

Date

Address _____

Telephone Number _____

Letter Household May Have Employer Complete Statement of Earnings

This statement is to confirm that _____ received the following amount of
(Name of Employee)
gross income before deductions for taxes, social security insurance, etc. \$ _____

- weekly
- every two weeks
- twice a month
- monthly
- other _____

Please state the date of the paycheck listed above _____.

Signature of Employer

Date

Address _____

Telephone Number _____