

AFFIDAVIT OF SOLE SUPPORT STATUS

THIS AFFIDAVIT IS MADE FOR THE SOLE PURPOSE OF application to SECOND CAREER (SC)

I, _____, of the City of _____,

MAKE OATH AND SAY AS FOLLOWS:

1. I have legal custody of the following child(ren) (*list each child's name and date of birth*):

2. As of (____dd/____mm/____yy), my relationship status is (*circle your status – single, married, common law, separated, divorced, widowed*).

I have sole legal custody of the above named child (children), who will be living with me during my skills training program at:

OR

I have joint custody of the above named child (children), who will be living with me during my skills training program at:

3. I am entitled to receive child support payments in the amount of \$_____ / month.
4. I am entitled to receive spousal support payments in the amount of \$_____ / month.

I make this AFFIDAVIT in support of an application for Second Career funding, and for no other improper purpose.

SWORN before me at the _____)

City of _____)

this _____ **day of** _____, **20**__)

_____)

Signature of client

Signature

Commissioner for taking Affidavits

Note: This AFFIDAVIT must be sworn or affirmed before a Justice of the Peace, Commissioner of Oaths, or a Lawyer. A commissioner is generally available at court-houses, community legal clinics, municipal or township offices and law offices.