

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Academics
Head Start/Early Intervention Department

Letter of Financial Support
(for supporter LIVING in the SAME household.)

Child(ren) Name(s): _____

Parent/Guardian Name(s): _____

This is to certify that I, _____ being the _____
(Print Full Name) (Relationship to the Parent/Guardian)

of the above-mentioned parent/guardian provide room, board and most living expenses for his/her family since _____.
Month and Year

By signing below, I certify that all the above information is true and correct. I understand that school officials may require verification any time during the year and that deliberate misrepresentation may result in withdrawal from the program, and/or prosecution under applicable State and Federal Statutes.

(Person Providing Support - Print Name) (Signature) (Date)

(Address of Person Providing Support) (Phone Number)

Witness (if Person Providing Support is present):

(Head Start Staff - Print Name) (Signature) (Date)

Notary (If Person Providing Support is NOT present):

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by (name of person making statement).

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known ____ OR Produced Identification ____

Type of Identification Produced: _____