

Third Party Documentation

I give consent for Northwest Michigan Community Action Agency (NMCAA) to seek documentation from the below stated party to verify my current living/income status.

Parent/Guardian Signature _____ Date _____

Third Party Name _____

Relationship to Family _____

Child's Name _____

Parent / Guardian Name(s) _____

Regarding the family above, please indicate all that apply below:

___ I acknowledge that I provide housing

___ I acknowledge that I provide daily living expenses

___ I acknowledge that I provide a monthly cash amount of _____

Third Party's Signature _____ Date _____

If family is unable to provide income documentation as noted on the Family Income Status form, current or former employer will complete the section below.

Employed at _____ within the last 12 months.

To be completed by employer

I acknowledge that _____ is/was an employee

Yearly Gross wages _____

Employer signature _____ Date _____

Please return by fax at or e-mail to _____

Other explanations or comments
