

## 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.**