

BABY'S BOUNTY MONTGOMERY COUNTY – WAIVER / AFFIDAVIT OF INCOME FORM (v17B)

This form is required to pick up the bundle items when submitting the referral online. The caseworker must bring a signed copy of this or the full referral form in order to receive the bundle items.

Check to confirm referral request was submitted online. If not, please use the full referral form.

CLIENT INFORMATION (Parent or Guardian of Newborn)

Name: (Last) _____ (First) _____

CLIENT WAIVER: Recipients are responsible for the safe assembly and use of any items they receive. Baby's Bounty MC, Inc., its staff, board, volunteers or other affiliated entities are not liable if any injury or death is the result of the use of these items.

SIGNATURE _____ **DATE** _____

AFFIDAVIT OF INCOME – TO BE COMPLETED BY CLIENT

I (NAME) _____ residing at

(ADDRESS) _____,

swear and attest that the following information is accurate:

Total Annual Household Income: _____ # of Residents in Household: _____ # of Adults in Household: _____

Complete the following chart with information for each adult member of the household.

NAME	RELATIONSHIP	ANNUAL INCOME	SOURCE

Did you file a federal income tax form for the most recent year? Yes No .

If so, does it reflect the income reported above? Yes No .

I swear, under penalty of perjury, that this information is complete and accurate.

Sworn & Signed by: _____

Print Name: _____ Date: _____

Witness: _____ Date: _____