



JOE LOMBARDO  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS  
Director

ROBERT THOMPSON  
Administrator

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_

<b>AUTHORIZATION:</b> I authorize you to release to the Division of Welfare and Supportive Services the requested information.	
Client Signature	Date

**SPONSOR INFORMATION**

Please provide the requested information below and return to the above address. Your cooperation ensures program integrity and maintains accountability in administering public funds in Nevada. The provided information is used only in conjunction with the official duties of this agency and is confidential.

List all the people included as dependents on the sponsor's income tax return (other than the person(s) applying):

Name	Relationship	Date of Birth	Social Security #
		/ /	
		/ /	
		/ /	

List all bank accounts, stocks, bonds, vehicles, real estate, and other property held by you or dependents listed above:

Type of Asset	Location	Value or Balance

List all income and source (include tips, interest income, dividends, etc.):

Income Source	Amount	Frequency (monthly, weekly, etc.)



Do you give a specific amount to the household you sponsored?  YES  NO

If YES, please indicate the amount and frequency (monthly, weekly, etc.): \_\_\_\_\_

All of the above information is correct to the best of my knowledge.

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Sponsor's Signature

Print Name

Date

Phone

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Sponsor's Address

PLEASE ATTACH COPIES OF THE FOLLOWING TO THIS FORM:

"Affidavit of Sponsorship" form filed with Immigration

Verification of all information, such as income tax returns, wage stubs, bank statements, etc.

