



STEVE SISOLAK
Governor

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

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

Date: _____
Case Name: _____
Case ID: _____

AUTHORIZATION: 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.

Sponsor's Signature

Print Name

Date

Phone

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.

