

# CONTRIBUTION FORM

(Non-court-ordered support)



*(Only have this form completed by the person who gives you contribution throughout the month)*

“A partner in the Smart Start network”

Dear \_\_\_\_\_,

It is noted that you provide assistance to the people in \_\_\_\_\_ household.

Please answer the following questions and return this letter by \_\_\_\_\_ to Wilson Smart Start (Wilson County Partnership for Children) at 109 Park Avenue West, Wilson, NC 27893, or fax to 252-206-4245, or via email at [Charlene.lucas@Wilsonpfc.org](mailto:Charlene.lucas@Wilsonpfc.org).

1. Are you related to any of the persons in the household?  Yes  No  
If yes, list you and how you are related: \_\_\_\_\_
  
2. Do you give money to any person in the household?  Yes  No
  - a. Who is the money for? \_\_\_\_\_
  
  - b. How much do you give them? \$\_\_\_\_\_ How often? \_\_\_\_\_
  
  - c. On what day of the week?  Sun  Mon  Tues  Wed  Thurs  
 Fri  Sat
  
  - d. How much money did you give them in the following checked months?  

_____ January \$_____	_____ May \$_____	_____ September \$_____
_____ February \$_____	_____ June \$_____	_____ October \$_____
_____ March \$_____	_____ July \$_____	_____ November \$_____
_____ April \$_____	_____ August \$_____	_____ December \$_____
  
  - e. Is the money considered Child Support?  Yes  No  
If yes, is it court ordered?  Yes  No  
If yes, what county and state? \_\_\_\_\_
  
  - f. Is the money considered a loan?  Yes  No  
If yes, what is the repayment schedule? \_\_\_\_\_
  
3. Do you pay or help pay any of the following bills for the family?

	Yes	No	If yes, how much do you pay?
Rent/Mortgage	_____	_____	_____
Electricity	_____	_____	_____

(Please continue on the back of this page)

	Yes	No	If yes, how much do you pay?
Gas	_____	_____	_____
Water	_____	_____	_____
Phone	_____	_____	_____
Personal Items	_____	_____	_____

4. If you have stopped giving money to anyone in the household, when was the last time you gave them money? \_\_\_\_\_
5. If you have not started giving the household money yet, but intend to, when will it start? \_\_\_\_\_ and how much? \_\_\_\_\_ and how often? \_\_\_\_\_
6. Do you know of anyone else who helps the family? \_\_\_\_ Yes \_\_\_\_ No  
a) Who? \_\_\_\_\_ What kind of help? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address