

INCOME CONTRIBUTION AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

NAME OF DEBTOR(S) _____

CHAPTER 13 CASE # _____

I, _____, the person whose name is signed below, hereby swear/affirm that the following are true and correct:

1. The debtor(s) named above is/are my _____ (specify relationship, for example – mother, father, brother, friend).

2. I contribute financial support in the amount of \$ _____ on a monthly basis to the debtor(s).

3. The source of my income is _____ (for example, wages from employment, self-employment, disability payments, Social Security, et cetera). The name of my employer is _____ (if applicable).

4. I will continue to make such contributions to the debtor(s) for the entire duration of the Chapter 13 plan of the debtor(s).

Date

Affiant/Contributor (signature)

Affiant/Contributor (print name)

Sworn to or affirmed and subscribed to before me by _____, the Affiant/Contributor identified above, on this _____ day of _____, 200__.

Notary Public

[Notarial Seal]