**DECLARAÇÃO DE PENSÃO ALIMENTÍCIA**

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ portador do CPF\_\_\_/\_\_\_/\_\_\_.\_\_\_/\_\_\_/\_\_\_.\_\_\_/\_\_\_/\_\_\_-\_\_\_/\_\_\_, residente no endereço \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declaro que recebi de (nome completo) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (grau de parentesco) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, renda média mensal de pensão alimentícia nos 03 últimos meses, no valor de R$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_

(local, data)

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(nome completo do declarante)