

SELF-DECLARATION OF INCOME

I, _____, do hereby declare on _____ (date)
that: I have no documented proof of income due to the following situation:

My monthly expenses are

Housing (rent/mortgage payment) _____
Food _____
Medical _____
Transportation _____
Utilities _____
Total _____

My household consists of _____ number of persons and the following household members, 18 years and older, have earned the following gross income during the **30 day period** prior to the date of application for assistance:

Name: _____ Gross Amount Earned: _____
Name: _____ Gross Amount Earned: _____
Name: _____ Gross Amount Earned: _____
Name: _____ Gross Amount Earned: _____
Total Gross Income: _____

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief.

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

(Applicant Signature)

(Date)

(Street Address)

(City)

(Zip code)

(Reviewed & Approved (Ex.Dir. or Prog. Dir. Name & Title)

Date