

Declaration of Income Statement

Applicant First Name		Middle Name		Last Name	
Physical Address		Apt/Suite	City	Zip	County

By signing below – The Applicant certifies these household members are without income or have exhausted the ability to provide acceptable documentation of income for the reasons listed below:

*This form is ONLY for household members, 18 years old or older. If a member can show proof of income via paystub, award letter etc., this form is not needed.

<u>Names of Household Member(S)</u> <i><u>NO Income or ability to provide acceptable proof of income</u></i>	Dates – Last 30 days	Gross Amount Received	<u>Circle the Reason</u> for No Income or No Documentation
	<u>From</u> / / <u>To</u> / /	\$	<ul style="list-style-type: none"> • Recently unemployed Last Pay Date: _____ • Disabled – Not Receiving Benefits • Primary full-time caregiver for disabled adult • Primary full-time caregiver for disabled child • Not able to afford child care • Not able to obtain transportation to maintain employment • Not able to provide proper documentation showing member name, Gross Amt, Pay dates, Employer information • Other: _____
	<u>From</u> / / <u>To</u> / /	\$	<ul style="list-style-type: none"> • Recently unemployed Last Pay Date: _____ • Disabled – Not Receiving Benefits • Primary full-time caregiver for disabled adult • Primary full-time caregiver for disabled child • Not able to afford child care • Not able to obtain transportation to maintain employment • Not able to provide proper documentation showing member name, Gross Amt, Pay dates, Employer information • Other: _____
	<u>From</u> / / <u>To</u> / /	\$	<ul style="list-style-type: none"> • Recently unemployed Last Pay Date: _____ • Disabled – Not Receiving Benefits • Primary full-time caregiver for disabled adult • Primary full-time caregiver for disabled child • Not able to afford child care • Not able to obtain transportation to maintain employment • Not able to provide proper documentation showing member name, Gross Amt, Pay dates, Employer information • Other: _____

I certify that the above information is true and correct to the best of my knowledge and belief. If any part is false, my participation in this agency's program may be terminated, and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Office Use Only
Valid: _____

Signature of Applicant