

SELF-DECLARATION OF INCOME

Applicant Name: _____ (Please print name)

This is to certify the income status for the above-named individual. Income includes but is not limited to:

- **Gross earnings from employment (wages, salaries, tips, commissions, bonuses etc.)**
- **Unemployment compensation (public or private)**
- **Workers' compensation**
- **Social security**
- **Public assistance or welfare payments in the form of cash (TANF, SSI, non-federal General Assistance, or General Relief money payments)**
- **Veterans' payments**
- **Survivor benefits**
- **Disability benefits**
- **Pension or retirement income**
- **Regular insurance or any type of annuity payments**
- **College or university scholarships, grants, fellowships, and assistantships**
- **Interest income on assets more than \$10,000**
- **Dividends**
- **Rents, royalties, and estates and trusts**
- **Educational assistance**
- **Alimony**
- **Child support**
- **Financial assistance from outside of the household**
- **Other income (military family allotments or other regular support from an absent family member or someone living in the household, etc.)**

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

Applicant Signature: _____ Date: _____

I certify, under penalty of perjury, that I did not have any income from any source during the below stated time: *(If applicable, use this to complete income documentation for 1 full month prior to funding)*

Time covering: _____

Applicant Signature: _____ Date: _____

Staff efforts to acquire documentation and reason for need of Self-Declaration:

Staff Signature: _____ Date: _____