

SELF DECLARATION OF INCOME

Client Name: _____

Income Description: _____
(What kind of work or source is this income from? Ex: dogwalking, gift from family, etc)

Month/Year _____ / _____

NET Amount: \$ _____

Month/Year _____ / _____

NET Amount: \$ _____

Month/Year _____ / _____

NET Amount: \$ _____

TOTAL NET for all three months: \$ _____

Notes:

I certify that the information contained in this employment statement is complete and accurate. I understand that I am signing this declaration **under penalty of criminal prosecution** if I knowingly give false information that results in assistance for which I am not eligible.

Client Signature

Staff Signature

Date

Date