

## SELF DECLARATION OF INCOME

Client Name: \_\_\_\_\_

Income Description: \_\_\_\_\_

Month/Year \_\_\_\_\_ NET \$ \_\_\_\_\_

---

Month/Year \_\_\_\_\_ NET \$ \_\_\_\_\_

---

Month/Year \_\_\_\_\_ NET \$ \_\_\_\_\_

TOTAL NET \$ \_\_\_\_\_

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