

*Self-Attestation of Current Income (past 60 days)*

Please select any of the following sources of income that your household receives:

❏ Employment income

❏ Unemployment income

❏ Temporary Assistance for Needy Families (TANF), Child support, Social Security income

❏ Self-employment income

❏ Cash income

❏ Wages from a closed business

❏ Wages from Veterans administration, gross rental or lease income, cash benefits

❏ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ No income

**Please declare the total amounts below:**

|  |  |  |
| --- | --- | --- |
| **Month** | **Amount** | **Source/Employer** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |

I understand that I am reporting my past and current income to establish my eligibility and the determination of the amount of assistance needed. I declare under penalties of perjury that the foregoing representations of the income for my household are true, correct, accurate, and complete in all respects.

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name** | **Date** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature** | **Address** |