

## CLIENT INCOME STATEMENT

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Self-Declaration of Income:**

I \_\_\_\_\_ declare that my Household's monthly income is  
\$ \_\_\_\_\_ for \_\_\_\_\_, \$ \_\_\_\_\_ for \_\_\_\_\_, and  
\$ \_\_\_\_\_ for \_\_\_\_\_.

That income was earned from the following sources.

Income Sources (If more than 6, record additional sources on the back of form):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_