

**Self-declaration of Income**

I, \_\_\_\_\_, hereby certify that my monthly income is: \_\_\_\_\_.

*Check all boxes that apply:*

**I do not have proof of income because:**

- I am unemployed and not receiving unemployment compensation
- I am unemployed and have no record of past income
- I am unemployed and not looking for work
- I am physically/mentally unable to work but do not receive disability
- I do not receive child support
- Other: Explain \_\_\_\_\_  
\_\_\_\_\_

**I Support myself by:**

- My current income
- Accumulated savings
- Support of other members of my household  
**(Explain below-who supports you and what are your expenses)**
- Support from family or friends outside of my household  
**(Explain below-who supports you and what are your expenses)**
- Child support payments – Amount per month \$ \_\_\_\_\_
- Public assistance programs- List assistance programs:  
**DCF (Food Stamps)\$ \_\_\_\_\_ DCF (Cash)\$ \_\_\_\_\_**  
**Unemployment \$ \_\_\_\_\_ Section 8 \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_**
- I am unable to support myself due to my situation **(explain below)**
- Other-**Explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information I have disclosed is true and accurate. I understand that intentionally providing false information to obtain financial assistance is grounds for denial of assistance and may be grounds for prosecution under Florida Statutes 775.082 or 77.083.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date