

## **Self-Declaration of Income (for self-employed income only)**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Due to extenuating situations, I am unable to provide documentation of my income.

**I am self-declaring my gross monthly income is**

**\$ \_\_\_\_\_ PER day / week / month (circle one)**

I hereby certify that the information given is complete and accurate to the best of my knowledge. I understand that inaccurate or incomplete information reported could affect my eligibility to receive assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_