



**STATEMENT OF INCOME**

In accordance with all applicable Code Regulations governing the gross income and assets from all sources, I certify under penalty of perjury that I do/do not receive income from the sources listed below (please check all that apply):

<u>YES</u>	<u>NO</u>	<u>INCOME SOURCE</u>
___	___	Income from employment: amount \$_____ per week. Place(s) of Employment: _____.
___	___	Income from self-employment.
___	___	Unemployment benefits income.
___	___	Other payments in lieu of income, e.g., Worker's Compensation, Disability, etc.
___	___	Public assistance payments.
___	___	Child support and/or alimony payments.
___	___	Other regular contributions or gifts.
___	___	Social Security benefits, including payments received for dependents.
___	___	Supplemental Security Income.
___	___	VA or military benefits.
___	___	Pension, annuities, and/or insurance policies.
___	___	Retirement funds.
___	___	Payments from rental properties.
___	___	Savings account(s) interest.
___	___	Checking account(s) interest.
___	___	Government grants.
___	___	Trust funds or other funds.
___	___	Other wage earner incomes.
___	___	I am a full time student, college: _____.
___	___	I do not have any income from any source at this time.

I hereby certify that the above statements are true and correct and I understand that I may be required to sign a release of information form to verify income and asset information reported to this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date