

# Declaration of Income Form

I, \_\_\_\_\_, am unable to provide the  
Head of Household Name

documentation necessary for proof of income.

My monthly income is: \_\_\_\_\_

The reason that I have had no income is as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have been meeting my basic living needs for food, shelter and utilities in the following way:

Food: \_\_\_\_\_

Shelter: \_\_\_\_\_

Utilities: \_\_\_\_\_

I certify that the information contained above is true, complete and correct to the best of my knowledge. Inquiries may be made to verify the statements herein. I do understand that false or omissions are forms for disqualification and/or may be prosecuted under current laws for accepting food for which I am not eligible.

I understand this agreement will last 1 year, at which time I will be required to either provide the necessary documentation or renew this agreement.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

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