

**SELF DECLARATION OF INCOME**

**Applicant**  
**Household Member**

I, \_\_\_\_\_, hereby certify that my income per month is \_\_\_\_\_ and my total annual income is \_\_\_\_\_.

I **do not** have verification because:

If the total annual household income is less than 50% of the current Federal Poverty Guidelines for this household size, include a **statement** from the applicant of how basic living expenses are provided (food, shelter, transportation, etc.):

**Food:**

**Shelter:**

**Transportation:**

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 775.083.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date