



Signature of Community Development Staff _____
 Date _____

**Community Development Department
 COVID19 FINANCIAL ASSISTANCE PROGRAM
 SELF-DECLARATION OF INCOME FORM**

This form must be signed and completed by every applicant.

Please check one of the following two boxes if your household currently has a source of income. **Then, provide the sources and amount of income in the green area below.**

If your household does not currently have any income, please check the box underneath the green text.

I certify, under penalty of perjury, that I currently have income from one of the following sources: Employment (including armed forces service); child support or foster care payments; government benefits (this includes SSI or SSDI for you and anyone you have listed as residing in your household); a retirement pension; Veterans' benefits; unemployment insurance and/or worker's compensation.

I further certify that the documentation of this income that I have submitted as part of my application is complete and accurate.

I certify, under penalty of perjury, that I currently receive income only from self-employment or gifts of support.

If you have checked either box above, please specify the sources and amounts of your household's income. Applicants must provide documentation of this income as requested in the Financial Assistance From Community Development email.

Source:

Source: _____ Amount: \$ _____ Frequency: Monthly
 Weekly

Source: _____ Amount: \$ _____ Frequency: Monthly
 Weekly

Source: _____ Amount: \$ _____ Frequency: Monthly
 Weekly

I certify, under penalty of perjury, that I currently do not have any income from any source. (All adult household members with zero income must sign and date below).

Applicant: _____ Date: _____

Additional Household Members: (over the age of 18)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Applicant's printed name and signature (required):

Printed _____ Signature _____ Date _____