

SELF-DECLARATION OF INCOME

EFO:	WORKERS NAME:
APPLICANT'S NAME:	
MAILING ADDRESS:	
CITY, STATE, ZIP:	PHONE:

List all household Member Names:	AGE	Does member earn or receive any money? (YES/NO)	GROSS AMOUNT	If yes, from where and how often? (Annually, Monthly, Biweekly, Weekly)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Total Household Members:		Total Household Income:		

Household Size	Annual	Monthly	Bi-Weekly	Weekly
1	\$10,712.00	\$893.00	\$412.00	\$206.00
2	\$14,378.00	\$1,199.00	\$554.00	\$277.00
3	\$18,044.00	\$1,504.00	\$694.00	\$347.00
4	\$21,710.00	\$1,810.00	\$836.00	\$418.00
5	\$25,376.00	\$2,115.00	\$976.00	\$488.00
6	\$29,042.00	\$2,421.00	\$1,118.00	\$559.00
7	\$32,708.00	\$2,726.00	\$1,258.00	\$629.00
8	\$36,374.00	\$3,032.00	\$1,400.00	\$700.00
Additional HH members	add \$3,666.00	add \$306.00	add \$142.00	add \$71.00

APPLICANT'S CERTIFICATION

I desire to receive any assistance to which I am legally entitled under this program. I understand that the agencies involved in this program may verify the information which I have provided concerning income. I declare to the best of my knowledge that I am the only person living in the household at the address shown on this form who has applied for this assistance. I certify that the income of all the persons in my household is not more than the amount shown and that the other information I have given on this form is correct to the best of my knowledge and belief. I understand that my signature of these forms gives permission for state agency workers to verify records as necessary to assure my eligibility for the program. I understand that if I give false information or withhold information in order to make myself eligible for benefits that I am not entitled to, I can be prosecuted for fraud. I further understand that I am only entitled to this food once a month from one agency.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____