SELF-CERTIFICATION OF INCOME

When no other documentation is available, this form is used to document income. Please record undocumented employment income, non-employment income, periods of zero income or self- declared income for a means-tested governmental program when the application is not available.

EMPLOYMENT INCOME: Self-certification of my income & employment information is as follows:
I have no paystubs, receipts, or other documentation of employment **and** ☐ My employer has refused or failed to provide requested employment information. ☐ I have asked that my employer not be contacted to verify my employment information because it would adversely affect my employment. ☐ I do not have pay stubs, receipts or other documentation of employment. ☐ Other:

Employer Name			
Employer Address			
Start Date of Work		**Rate of pay**	$ per
Work Days (Mon-Fri)		**How often received**	☐ weekly ☐ monthly ☐ Every other week ☐ 2 times per month ☐ Etc.
Work Hours (_am~_pm)		**Total income from preceding month**	$
Description of Work			

NON-EMPLOYMENT INCOME: Self-certification of my non-employment income is as follows:			
Type of income		**Amount of income**	**$**
Who is income for		**How often received**	☐ weekly ☐ monthly ☐ Every other week ☐ 2 times per month ☐ Etc.

ZERO INCOME: Self-certification of my zero income was received as follows:			
Date zero income began		**Date zero income ended**	
How child(ren)/family is supported with zero income			

GOVERNMENTAL PROGRAM INCOME: I self-certify that I do not have access to the governmental program application. To the best of my recollection, the income declared on the application is as follows:			
Program		**Amount of income**	**$**

***I swear under penalty of perjury**, to the best of my knowledge, that the above information is true and correct.*

Parent/Guardian Name ***Parent/Guardian Signature*** ***Date***

FOR OFFICE PURPOSES ONLY: The agency representative's signature below serves as an attestation that the parent/guardian reported income and if applicable employment is reasonable and/or consistent with community practice.		
Agency Representative Name:	***Signature:***	***Date:***