



COMMUNITY ASSISTANCE DIVISION

SELF DECLARATION OF NO INCOME

(COMPLETE TOP SECTION IF NO INCOME)
(MUST COMPLETE REVERSE SIDE OF FORM)

I, \_\_\_\_\_, do hereby declare under penalty of perjury that I have received no income from any source during the past 90 days and that I have been unemployed during that time.

I attest that the information stated above is true and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination, denial of services, and /or penalties specified. I also understand that false statements or omissions are also grounds for termination, disqualification and/or prosecution under the full extent of Florida law.

I have been able to maintain my basic necessities by:

Four horizontal lines for listing basic necessities.

Signature

Date

OR

(COMPLETE BOTTOM SECTION IF RECEIVING INCOME FROM OTHERS)
(MUST COMPLETE REVERSE SIDE OF FORM)

I, \_\_\_\_\_, do hereby declare under penalty
(Please Print)

of perjury that I have been supported by donations/contributions from relatives and friends for the past 90 days. (Must provide notarized statement from each person providing support, indicating the dollar amount, type of assistance provided and date(s) the support was provided).

I attest that the information stated above is true and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination, denial of services, and /or penalties specified. I also understand that false statements or omissions are also grounds for termination, disqualification and/or prosecution under the full extent of Florida law.

Signature

Date



## Household Assistance

I, \_\_\_\_\_, have been assisting \_\_\_\_\_  
 (Please Print) (Please Print)  
 with their monthly household expenses. I have provided financial assistance with the following expenses for the past 90 days:

Expenses	Total Expense for past 90 days	Amount paid on Client's Behalf	Gave Cash	Paid Bill
Mortgage/Rent				
Electricity / Gas				
Medical				
Water/Sewage				
Phone (Cell or Home)				
Child Care (Including school lunches)				
Food				
Car Payment				
Car insurance				
Gas (for auto)				
Child Support				
IRS				
Other (Specify)				

Unfortunately, I am unable to provide financial assistance to the household for the next 30 day period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_.  
(Name of Affiant)

Personally known \_\_\_\_\_

Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary