



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:

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 monthly financial assistance with the following expenses for the past (please check which applies) one month ___; two months ___; three months or longer ____.

Expenses	Amount given to individual or paid toward 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. I shall be able to resume assistance starting _____. Attached is proof of my income for the past 30 days to confirm that I am able to resume providing the financial assistance.

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