



Self-Declaration of No Income and Household Assistance

This form must be completed by all individuals aged 18 years of older residing/being claimed in the household who have no source of income. Additionally, each person who has been providing the applicant assistance must complete the second page and submit proof of their income which adequately allows them to provide for said assistance.

I, _____, do hereby declare under penalty of perjury that I have received no income from any source during the past three months, and that I have been unemployed during that time.

I have been able to maintain my basic necessities, such as food, water, and shelter, by:

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. I also understand that false statements or omissions are also grounds for termination, disqualification, and/or prosecution under the full extent of Florida Law.

Printed Name of Applicant

Signature of Applicant

Date

I, _____, confirm that I have been providing the following financial assistance to the individual listed on the first page of this document for approximately _____ months. I understand providing false information is grounds for the applicant to be terminated or disqualified from the program and, likewise, I may be prosecuted under the full extent of Florida Law.

Expenses	Amount given monthly to individual or paid toward bill each month
Mortgage/Rent	
Electricity / Gas	
Medical	
Water/Sewage	
Child Care (Including school lunches)	
Food	
Car Payment	
Car insurance	
Gas (for auto)	
Child Support	
Other (Specify)	

Please check one of the following options:

_____ I am unable to continue providing any future and foreseeable financial assistance to this household.

_____ I am currently unable to provide any financial assistance to this household for the next 30 days. However, I shall be able to resume providing financial assistance to this household starting _____.

_____ I have not provided any financial assistance to this household within the previous 90 days. However, I do plan to start providing financial assistance to this household within the next 30 days.

Please attach proof of your income for the last 30 days to justify sufficient previous and/or future income to provide financial support to the applicant household. Likewise, you must confirm that you have not received any assistance from Human Services within the previous 180 days.

Signature of Person Providing Assistance Date

Relationship to Person(s) in the Household: _____