



Santa Clara County Pilot Program Self-Declaration of Income (09/01/17)

Under penalty of perjury, I _____ declare that my average adjusted gross monthly
(parent/guardian name)
 income is \$ _____. I work as a _____.
(job title)

Please provide your adjusted gross income for the previous 4 months

Month:				
Income:				

I am unable to provide check stubs or a letter from my employer for the following reason(s):

- I feel that my employment will be at risk should my employer be contacted.
- My employer/clients pay me in cash or check.
- I am a day laborer/seasonal worker and my income fluctuates with the availability of work.
- My only income is child support: (\$ _____) / spousal support: (\$ _____) paid in cash or personal check from child's other parent / spouse from whom I am separated/divorced. (circle what is applicable)
- A family member, other than my spouse supports me. (\$ _____)
 Explain: _____

- I currently have \$0 income. My income is \$0 for the following reasons:

IF YOUR INCOME IS \$0, please explain how you are living, (i.e. who pays the bills, how do you get food, necessities, etc):

- My spouse supports me financially.
- A family member other than my spouse supports me by providing: _____

- I am a minor. I receive support from my family by: _____

- Other: _____

- Other (Explain): _____

- I DID NOT FILE a federal or state tax return last year.

I attest and declare under penalty of perjury and the laws of California that the above Self-Declaration of Income is true and correct.

Parent/Guardian Signature: _____ Date: _____

STAFF USE ONLY (see Title 5, §18086 (b(2(F))) & (b(3)))

If applicable staff will include a brief statement attesting to the reasonableness and/or consistency with community practice of the claims above.

Staff name: _____ Staff signature: _____ Date: _____