STATEMENT OF NON-WAGE INCOME

RECIPIENT INFORMATION

Full Name:

SSN / Tax ID:

Street Address:

City, State, Zip:

Phone Number:

Statement Period From:

To:

SOURCES OF UNEARNED / NON-WAGE INCOME

Report all gross non-wage income received during the statement period specified above. Do not include income from wages, salaries, or tips.

SOURCE OF INCOME	FREQUENCY (e.g., Weekly, Monthly, One-time)	GROSS AMOUNT ($)
Social Security Benefits (SSI / SSDI)		
Pensions / Retirement Annuities		
Interest / Dividends / Investment Income		
Rental Property Income		
Alimony / Spousal Support		
Child Support		
Unemployment / Workers' Compensation		
Public Assistance / TANF		
Trust Fund / Estate Distributions		
Other Non-Wage Income (Specify):		
Total Gross Non-Wage Income:		

CERTIFICATION AND SIGNATURE

I hereby certify, under penalty of perjury, that the information provided on this Statement of Non-Wage Income is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in the denial, reduction, or termination of benefits or services, as well as potential legal action.

_____

SIGNATURE OF RECIPIENT

_____

DATE