DECLARATION OF EARNED INCOME

DECLARANT INFORMATION

Full Name:

_____

SSN / Tax ID:

_____

Address:

_____

Phone Number:

_____

Email:

_____

EMPLOYMENT & INCOME SOURCE

Employer Name / Company:

_____

Job Title:

_____

Employer Address:

_____

Employment Type:

☐ Full-Time

☐ Part-Time

☐ Self-Employed

☐ Contract / Casual

EARNINGS DETAILS

Payment Frequency:

☐ Weekly

☐ Bi-Weekly

☐ Semi-Monthly

☐ Monthly

Gross Pay (Before Taxes):

_____

Net Pay (Take-Home):

_____

Average Tips / Commissions / Bonuses (If applicable):

CERTIFICATION AND AUTHORIZATION

I hereby certify and declare under penalty of perjury that the information provided in this statement regarding my earned income is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in the revocation of services, benefits, or legal penalties. I authorize the recipient of this form to verify any information provided herein.

_____

Signature of Declarant

_____

Date