DECLARATION OF UNEARNED INCOME

Statement of Non-Employment Revenue

1. DECLARANT INFORMATION

FULL NAME

IDENTIFICATION / SOCIAL SECURITY NUMBER

RESIDENTIAL ADDRESS

PHONE NUMBER

EMAIL ADDRESS

2. REPORTING PERIOD

START DATE

END DATE

3. SOURCES OF UNEARNED INCOME

Source / Type of Income	Frequency (Monthly, Annually, etc.)	Gross Amount
Interest / Dividends		
Pensions / Retirement Annuities		
Rental Income		
Alimony / Child Support		
Social Security Benefits / Trust Funds		
Capital Gains / Royalties		
Other (Specify):		
Total		

4. CERTIFICATION AND SIGNATURES

I hereby declare and certify under penalty of perjury that the information provided in this statement is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in legal

consequences, administrative penalties, or the revocation of any benefits or services associated with this declaration.

SIGNATURE OF DECLARANT

DATE