EXEMPT EARNINGS SELF-CERTIFICATION LETTER

Date:

To (Institution):

Account Number:

Account Holder:

I, _____, hereby certify under penalty of perjury that the funds deposited in the above-referenced account are exempt from garnishment, attachment, or execution under applicable federal and state laws.

The sources of these exempt funds are specified below (check all that apply):

☐ Social Security Benefits

☐ Supplemental Security Income (SSI)

☐ Veterans Benefits

☐ Civil Service or Federal Retirement/Disability Benefits

☐ Temporary Assistance for Needy Families (TANF) / Public Assistance

☐ Unemployment Compensation or Workers' Compensation

☐ Child Support, Alimony, or Maintenance Payments

☐ Exempt Wages (up to the maximum statutory limit)

☐ Other: _____

I request that the institution immediately release any hold placed on these exempt funds in accordance with federal regulations and state law guidelines.

_____
Signature of Account Holder

_____
Printed Name

_____
Date