STATEMENT OF ADDITIONAL SOURCES OF INCOME

Miscellaneous Income Declaration

FULL NAME

SOCIAL SECURITY NUMBER / TAX ID

ADDRESS

STATEMENT PERIOD FROM

STATEMENT PERIOD TO

SOURCE OF MISCELLANEOUS INCOME	FREQUENCY (E.G., WEEKLY, MONTHLY, ONE-TIME)	GROSS AMOUNT ($)
Total Miscellaneous Income:		

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

SIGNATURE OF DECLARANT

DATE