STATEMENT OF UNEARNED INCOME

Non-Employment Income Certification

Recipient Full Name

Address

Identification Number (SSN / Tax ID / National ID)

Statement Period / Tax Year

Contact Phone / Email

SOURCES OF NON-EMPLOYMENT / UNEARNED INCOME

Income Category	Source / Institution Name	Gross Amount
Interest Income		
Dividend Income		
Rental & Royalty Income		
Pension & Annuity Distributions		
Trust / Estate Distributions		
Social Security / Government Benefits		
Alimony / Child Support		
Capital Gains		
Other Unearned Income		
	Total Combined Unearned Income	

DECLARATION & AUTHORIZATION

I hereby certify under penalty of perjury that the information provided on this statement is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may lead to the termination of benefits, legal action, or other official penalties. I authorize the verification of any financial information listed above.

Signature of Recipient

Date (DD/MM/YYYY)