



# Utah Community Action™

Committed to Ending Poverty

Client's Name: \_\_\_\_\_

Client ID#: \_\_\_\_\_

## Self-Declaration of Income Form

*This form is for anyone who lacks documentation of income, are self-employed, or receive cash payments for employment. It was created to certify that you meet eligibility guidelines, so that your household may receive services by qualify for certain programs. Your signature below makes this a legal declaration.*

### Reason for lack of documentation of income:

- |   |   |
|---|---|
| <input type="checkbox"/> Financial records destroyed/lost | <input type="checkbox"/> Self Employed; Length of Time: _____ |
| <input type="checkbox"/> Emergency or crisis situation    | <input type="checkbox"/> Unable to obtain; Reason: _____      |
| <input type="checkbox"/> Receive payments in cash         |   |
| <input type="checkbox"/> Other _____                      |   |

### Please answer to the best of your knowledge the following questions.

During the last 12 months:

1. What was your hourly wage?
2. How many hours per week did you work?
3. How many months did you work?
4. Total income for the past 12 months:

### Third Party Verification

I authorize the following person to verify the information above, if needed.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I understand that this information is requested to determine eligibility for services that are paid for with Community Services Block Grant (CSBG) funds and that intentionally giving misleading, inaccurate, or untruthful information may result in services provided by Utah Community Action (UCA) being terminated.*

*I certify that the information given above is true and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date