



# Alameda County Pilot Program Self-Declaration of Income (09/01/17)

29150 Ruus Rd. Hayward, CA 94544 \* Ph (510) 265-5300 \* Fax (510) 675-0631

Under penalty of perjury, I \_\_\_\_\_ declare that my average adjusted gross monthly  
income is \$ \_\_\_\_\_. I work as a \_\_\_\_\_.  
(parent/guardian name) (job title)

Please provide your adjusted gross income for the previous 4 months

Month:				
Income:				

I am unable to provide check stubs or a letter from my employer for the following reason(s):

- I feel that my employment will be at risk should my employer be contacted.
- My employer/clients pay me in cash or check.
- I am a day laborer/seasonal worker and my income fluctuates with the availability of work.
- My only income is child support: (\$ \_\_\_\_\_) / spousal support: (\$ \_\_\_\_\_) paid in cash or personal check from child's other parent / spouse from whom I am separated/divorced. (circle what is applicable)
- A family member, other than my spouse supports me. (\$ \_\_\_\_\_)  
Explain: \_\_\_\_\_
- I currently have \$0 income. My income is \$0 for the following reasons:  
\_\_\_\_\_

**IF YOUR INCOME IS \$0, please explain how you are living, (i.e. who pays the bills, how do you get food, necessities, etc):**

- My spouse supports me financially.
- A family member other than my spouse supports me by providing: \_\_\_\_\_
- I am a minor. I receive support from my family by: \_\_\_\_\_
- Other: \_\_\_\_\_

- Other (Explain): \_\_\_\_\_
- I DID NOT FILE a federal or state tax return last year.

I attest and declare under penalty of perjury and the laws of California that the above Self-Declaration of Income is true and correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY (see Title 5, §18086 (b(2(F))) & (b(3)))**

**If applicable** staff will include a brief statement attesting to the reasonableness and/or consistency with community practice of the claims above.

\_\_\_\_\_

Staff name: \_\_\_\_\_ Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_