



Alameda County Pilot Program Self-Declaration of Income (11/19)

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 pays me in cash or check.

I am a day laborer/season worker and my income fluctuates with the availability of work.

I work as a _____

Please provide your adjusted gross income for the previous 4 months, up to the previous 12 months

| | | | | |
|---------|--|--|--|--|
| Month: | | | | |
| Income: | | | | |
| | | | | |
| Month: | | | | |
| Income: | | | | |
| | | | | |
| Month: | | | | |
| Income: | | | | |

My only source of income is **child** and/or **spousal** support paid in cash or check from child's other parent who does not live in the household.

| | | | | |
|----------|--|--|--|--|
| Month: | | | | |
| Payment: | | | | |

A family member or friend, other than my spouse/partner, supports me financially. (\$ _____)

Other (Explain): _____

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: _____