

Participant Self Declaration of Income Form for Special Population

Name of Agency: _____

Participant's Name (Print): _____

Registration ID#: _____

A.

- ☐ I have the following income and I am unable to provide documentation of my income:
\$ _____
- ☐ I have proof that at least one of the following situations applies to me: [Check which applies]
- ☐ 1. Victim of Domestic Violence – Domestic abuse is a pattern of coercive, controlling behavior that is a pervasive life-threatening crime affecting people in all communities regardless of gender, age, sexual orientation, race, ethnicity, religion, social standing, and immigration status.
- ☐ 2. In Foster Care – Foster care is a government-subsidized and regulated temporary care for children who have been removed from their families for reasons of abuse and neglect.
- ☐ 3. Live in Emergency or Temporary Shelters – Homeless shelters provide temporary residence for homeless individuals and families.
- ☐ 4. Unhoused (not in a shelter)

B.

- ☐ I have no income and I am unable to provide documentation.
- ☐ I have proof that at least one of the following situations applies to me: [Check which applies]
- ☐ 1. Victim of Domestic Violence – Domestic abuse is a pattern of coercive, controlling behavior that is a pervasive life-threatening crime affecting people in all communities regardless of gender, age, sexual orientation, race, ethnicity, religion, social standing, and immigration status.
- ☐ 2. In Foster Care – Foster care is a government-subsidized and regulated temporary care for children who have been removed from their families for reasons of abuse and neglect.
- ☐ 3. Live in Emergency or Temporary Shelters – Homeless shelters provide temporary residence for homeless individuals and families.
- ☐ 4. Unhoused (not in a shelter)

I, _____, under penalty of perjury, do hereby certify that the foregoing information is true and correct. This the _____ day of _____ 20 _____.

Participant's Signature: _____

I, (Case Manager), _____, have met with (participant's name), _____ . I have taken the following steps to verify the information provided above:

It is reasonable to conclude the address information provided above is accurate because:

I, _____ under the penalty of perjury, do hereby certify that the foregoing information is true and correct. This the _____ day of _____ 20 _____.

Case Manager's Signature: _____

