



Housing & Human Services Department
 Community Action Agency
 400 South Varr Avenue
 Cocoa, Florida 32922

Telephone: (321) 633-1951
 Fax: (321) 633-1958

**BREVARD COUNTY HOUSING & HUMAN SERVICES
 COMMUNITY ACTION AGENCY**

SELF DECLARATION OF INCOME

I, _____, hereby certify that I am
 unable to provide written documentation of my income due to the following
 reason(s):

Amount \$ _____	Month: _____	Source of Income: _____
Amount \$ _____	Month: _____	Source of Income: _____
Amount \$ _____	Month: _____	Source of Income: _____
Amount \$ _____	Month: _____	Source of Income: _____
Amount \$ _____	Month: _____	Source of Income: _____
Amount \$ _____	Month: _____	Source of Income: _____
Amount \$ _____	Month: _____	Source of Income: _____
Amount \$ _____	Month: _____	Source of Income: _____
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Amount \$ _____	Month: _____	Source of Income: _____
Amount \$ _____	Month: _____	Source of Income: _____
Amount \$ _____	Month: _____	Source of Income: _____

I CERTIFY THAT THE INFORMATION I HAVE DISCLOSED IS TRUE AND ACCURATE. I UNDERSTAND THAT INTENTIONALLY PROVIDING FALSE INFORMATION TO OBTAIN FINANCIAL ASSISTANCE IS GROUNDS FOR DENIAL OF ASSISTANCE, AND MAY BE GROUNDS FOR PROSECUTION UNDER FLORIDA STATUES 775.082 OR 775.083.

 Signature

 Date