



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: _____

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 STATUTES 775.082 OR 775.083.

Signature

Date

The following instrument was acknowledged before me this ____ day of _____, 20____, by _____ who provided the following identification _____.

Notary