G. SSVF Self-Declaration of Income

Link to form

SECTION XIII | FORMS

Supportive Services for Veteran Families (SSVF) Program SELF-DECLARATION OF INCOME

SSVF Participant Name:

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

☐ I certify, under penalty of perjury, that I currently receive the following income:

Check only one box and complete only that section.

Source:	Amount:	Frequency:	
Source:	Amount:	Frequency:	
Source: Source:	Amount:	Frequency:	
SSVF Participant Signature: _		Date:	
☐ I certify, under penalty of ∣ SSVF Participant Signature: _			
SSVF Staff Verification I understand that third-party SSVF assistance. I underst to but cannot obtain third party Documentation of attempt ma	and self declaration arty verification.	n is only permitted when I h	•
SSVF Staff Signature:		Date:	