OlyCAP

2120 W Sims Way ♦ Port Townsend, WA 98368 ♦ (360) 385-2571
228 W 1st St, Ste J ♦ Port Angeles, WA 98362 ♦ (360) 452-4726

Miscellaneous Income Statement

I _____ , do hereby declare that I have received income for the months of:

	Month	Amount	Source
1)	_____	_____	_____
2)	_____	_____	_____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible. I understand that I may be subject to criminal prosecution, monetary reimbursement to the Agency, and/or jeopardize my future program eligibility if I have knowingly provided false information to obtain this benefit.

*You may sign by typing your name. If you're using a phone or tablet, you can also draw your signature using the “Fill & Sign” option.

_____ _____
Client Signature Date

_____ _____
Staff Signature Date

OlyCAP Staff Note: Use this form to document miscellaneous (non-wage) income. eg: gifts, intermittent income, child support.