



823 Commerce Loop ♦ Port Townsend, WA 98368 ♦ (360) 385-2571

Miscellaneous Income Statement

I _____, do hereby declare that I have received income for the month's of:

Month	Amount	Source
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

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.

Client Signature

Date

Staff Signature

Date

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