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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.

 Client Signature

 Date

 Staff Signature

 Date

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