



Applicants must provide proof of total household income to qualify for services at the Community Pantry. This affidavit form is used for reporting “No Income” and any earned “CASH” wages.

**The Income Verification Affidavit:**

| CAN BE USED FOR  | CANNOT BE USED FOR   |
|--|--|
| <ul style="list-style-type: none"> <li>• For household members who receive cash payment for work, and do not have any proof of income:<br/>Example: Day laborers, self employed</li> <li>• For household members who receive money from sources such as family and friends, recycling.</li> <li>• <b><u>Mandatory</u></b> use of this form<br/>If the applicant is claiming the total household income is \$0</li> </ul> | <ul style="list-style-type: none"> <li>• Employed household members who are paid with checks and have paystubs</li> <li>• Household members who receive Social Security, SSI, SSP, public assistance, disability, workers compensation, unemployment, pension, interest, or any other income with documented proof.</li> </ul> |

Please provide the name of the person who is utilizing the income affidavit as proof of income, supply the total amount received, and check the box for proof of income.

- Name: \_\_\_\_\_ \$ \_\_\_\_\_ Month  
 Paid with cash /  Family cash assistance /  \$0 Household Income
- Name: \_\_\_\_\_ \$ \_\_\_\_\_ Month  
 Paid with cash /  Family cash assistance /  \$0 Household Income
- Name: \_\_\_\_\_ \$ \_\_\_\_\_ Month  
 Paid with cash /  Family cash assistance /  \$0 Household Income

By signing below, I certify under penalty of perjury under the laws of the State of California that this information is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_