

**CAPMC/APP
SELF-CERTIFICATION OF EMPLOYMENT AND INCOME**

When no other documentation is available, this form is used to document income. Please record undocumented employment income, non-employment income and periods of zero income.

EMPLOYMENT INCOME: Self-certification of my employment & income information is as follows:			
I have no paystubs, receipts, or other documentation of employment and			
<input type="checkbox"/> The agency has requested that I complete this form because my employer varies and is unpredictable due to Ag/Seasonal work, has refused or failed to provide requested employment information.			
<input type="checkbox"/> I have asked that my employer not be contacted to verify my employment because that contact could put my employment at risk.			
<input type="checkbox"/> Other: _____			
Employer Name		Rate of Pay	\$
Work Days		How Often Paid	
Work Hours		Pay for the Past Month	\$
Start & End Times			
Description of Work			
Address of Employment			

NON-EMPLOYMENT INCOME: Self-certification of my non-employment (ex: rental of a room, helper, child care, driver, part-time job) income when no documentation is possible:			
Type of Income		Amount of Income	\$
Why		How Often Received	

ZERO INCOME: Self-certification of my zero income was received as follows (attach Declaration of No/Limited Income form):			
Date Zero Income Began		Date Zero Income Ended	
Why zero income was received and/or how the family was supported			

I swear under penalty of perjury, to the best of my knowledge, that the above information is true and correct.

Parent/Guardian Name	Parent/Guardian Signature	Date
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FOR OFFICE PURPOSES ONLY: The agency representative’s signature below serves as an attestation that the parent/guardian reported income and if applicable employment is reasonable and/or consistent with community practice.

Agency Representative Name:	Signature:	Date:
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