## NOTARIZED INCOME STATEMENT

**OPTIONAL:** Only use this form if you cannot provide proof of income documentation.

Name:		Date of Birth:
My estimat	ted annual	household income currently is \$
(Please incl	ude dollar a	amount)
	\$	Social Security Disability Income (SSDI) (Beginning)
	\$	Supplemental Security Income (SSI)
	\$	Aid from the Department of Public Welfare
	\$	Unemployment Benefits (From/ to/)
	\$	Workers Compensation Benefits (From / to/)
	\$	Dividends, interest, or investment accounts
	\$	Employment (Myself and/or my spouse)
	\$finance	Other (includes assist ance from family, friends, charity, or church. Please specify the amount of ial assistance you receive - may include percentage of rent, food, etc.)
Number of	People in	Household:
	YOU	MUST HAVE THIS FORM NOTARIZED IN ORDER TO PREVENT A DELAY
		IN THE PROCESSING OF YOUR APPLICATION.
Patient Sig	gnature	Notary Seal
Date		Notary
Notary Sig	gnature	
Date		

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