



Client's First Name _____ Last Name _____

INSYST Client Number _____

Submitted by _____ Agency Name _____

Declaration of Residency and Income

I, _____,
(Print Full - First and Last Name)

Residing at _____
(Street Address) (City) (State) (Zip code)

Declare under the penalty of perjury that the following information is true and correct to the best of my knowledge and belief:

- I am currently unemployed and have no source of income.
- The number of dependent family members that I share income with, and share expenses with, and live with (including myself) is ____ (Minimum 1).

<p style="text-align: center;">Income Source(s) or Type(s)</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Total Income Amount:</p> <p>\$ _____</p>	<p style="text-align: center;"><u>Income Period</u></p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Every Two Weeks</p> <p><input type="checkbox"/> Twice / Month</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Other _____</p>
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Applicant Signature

Date