



Government of the Republic of Trinidad and Tobago

Ministry of the People, Social Development and Family Services

**FOOD SUPPORT PROGRAMME
DECLARATION OF INCOME**

APPLICANT NAME

APPLICANT ADDRESS

DATE

PLEASE FILL OUT THE APPROPRIATE SECTION FOR ALL PERSONS 18 YEARS AND OVER EMPLOYED:

Ido hereby declare that I am employed
with
of
as and is currently in receipt of
\$.....per week/fortnight/month.

UNEMPLOYED:

I do hereby declare that I am not employed with anyone
nor self-employed and I am unable to produce any proof of income via statement/document.

SELFEMPLOYED:

I do hereby declare that I am self-employed with
.....of
income \$..... per week/fortnight/month.

OTHER SOURCES OF INCOME:

If you receive any of the following, please indicate the amount in the appropriate box.

Old Age \$ Pension Public Assistance \$ Disability Grant \$
NIB \$ Other \$

I affirm to the best of my knowledge that the above information is true and correct. I understand that any false statement or the withholding of any relevant information may hinder me eligibility to qualify for or result in the termination of my participation in the Food Support Programme.

.....
Signature of Liaison Officer

.....
Signature of Liaison Officer

.....
Local Board