To File No: .....

DECLARATION OF INCOME

MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES

DECLARATION OF INCOME

NAME: .....

APPLICANT ADDRESS: .....

DATE: .....

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

EMPLOYED

I, ... do hereby declare that I am
Name

employed with .....
Employer's Name

of .....
Employer's Address

as ..... and is currently in receipt of
Position

$ ..... 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 statement/document.

SELF EMPLOYED

I, ... do hereby declare that I am
Name

self-employed .....
Name / Type of Business

of .....
Business Address

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		N.I.S.	
Food Support		Other, Specify					

I affirm to the best of my knowledge that the above information is true and correct. I understand that any false statement or withholding of any relevant information may hinder my eligibility to qualify for, or result in the termination of my eligibility for the Public Assistance/General Assistance/(BA/BO)/Food Grant.

....
Signature *Signature SWA I / SWFO*

G.P., TR./TO.—AO 008—6,000— /24