



To File No:

DECLARATION OF INCOME

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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
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 statement/document.

SELF EMPLOYED

I, do hereby declare that I am
self-employed
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		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 IISWFO