



## SF COUNTY PROGRAMS INCOME STATEMENT

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

I am currently employed. However, my current employer pays me in cash only. I do not receive a paycheck to provide as verification of my income. I have earned the following income for the past 3 months:

\$ \_\_\_\_\_ for \_\_\_\_\_ (month/year)

\$ \_\_\_\_\_ for \_\_\_\_\_ (month/year)

\$ \_\_\_\_\_ for \_\_\_\_\_ (month/year)

I declare the answers given are true and correct to the best of my knowledge. I understand the information provided will be used to screen for eligibility to various Federal, State and County Programs. I understand that if information is found to be false, I can be held responsible for the full amount of any bills for medical services received.

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Applicant Signature

Date