

Applicant Name:	
Case Number:	
Address:	

Proof of income must be provided for **all** household members who are age 18 or older. If you do not have documentation of income, or if a household member has no income, this form must be completed.

Household Member:	
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Provide a detailed explanation of your source(s) of income prior to COVID-19:

Provide a detailed explanation of how COVID-19 impacted your income:

Provide a detailed explanation of your current source(s) of income:

When was the last day you worked?

What is the last date you received payment from the work described above?

How much is your current weekly income?

By signing below, I certify that the information above is true, accurate and complete; that my household income was impacted by COVID-19; and that I am unable to provide other proof/documentation to support my previous and/or current income. I am aware that if this form is incomplete or inaccurate there may be a delay in processing and/or my application may be denied. I am also aware that if I am approved or denied, or not approved for the correct amount, I have a right to file an appeal. I certify under penalty of perjury that the above information is complete, true, and accurate to the best of my knowledge. I understand that, in accordance with Florida Statute, Chapter 817, providing false information is a misdemeanor in the second degree.

Household Member Signature

Date