

**MUSKEGON – OCEANA
COMMUNITY ACTION PARTNERSHIP, INC.
1170 W. SOUTHERN AVENUE
MUSKEGON, MICHIGAN 49441
231-725-9499**

INCOME SELF-DECLARATION FORM

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I receive each month:

Wages:	\$ _____	Unemployment:	\$ _____	Pension:	\$ _____
SS/SSI/SDA:	\$ _____	FIA:	\$ _____	FIP:	\$ _____
Other:	\$ _____				

I hereby declare that I have not received any income during three months prior to the date of application:

Client Signature/Date: _____

The reason(s) that I have had no income for those three months is as follows:

I have been meeting my basic living needs for food, shelter, and utilities in the following way(s):

I hereby certify that the information contained above is true, complete, and accurate to the best of my knowledge and understand that giving false or incomplete information can result in referral to the Prosecuting Attorney for fraud and/or the recovery of funds paid in my behalf. I understand that failure to provide all necessary information and documentation can result in the denial of my application. I give my consent for MOCAP to make the contacts necessary to determine my eligibility for this program.

Client Signature/Date: _____

MOCAP Representative/Date: _____