NORTHEAST FLORIDA COMMUNITY ACTION AGENCY, INC.
SELF-DECLARATION AND/OR STATEMENT OF MANAGEABILITY

Applicant's Name (**PRINT**): _____
Last Name First Name Middle Name

For Agency Use Only	**Application Identification Number:**

Date of Service Requested: _____

I am unable to provide proof of my income because:

_____ Documentation was destroyed in a fire, flood or other disaster.

_____ Documentation was lost.

_____ I am paid in cash and do not receive any documentation of my income.

Other explain:

_____

_____

_____

_____ I currently have no income.
My last date of employment or other income sources as stated on the intake form was: _____
You must explain how you are taking care of your basic needs (food, clothing, shelter, transportation, etc.) without income:

_____

_____

_____

CERTIFICATION. I certify that all information and explanations I have given concerning my income and living situation are true and complete. I authorize the Agency to make benefit payments directly to the energy supplier or contractor on my behalf. I understand that misrepresentation is illegal and that violations may be prosecuted or other actions taken to recover funds I receive for which I am not legally eligible.

_____
Applicant's Signature Date

_____
Staff Signature Date

_____
Supervisor/Manager Approval Date

Effective Date of use – 02.2009