



Prince William County ARPA Community Grant Program
INCOME SELF-DECLARATION FORM

Applicant/Program Participant Name: _____

Address (street, city, zip code): _____

Complete the information below only if you have no other way to document your income. All of the boxes below must be checked and all questions answered. Failure to complete this form may result in denial of your application.

- I get paid in cash.
- I do not get pay checks.
- I do not get pay stubs.
- I cannot get a letter from my employer. Explain why:

My cash income is \$ _____ How often (weekly, monthly etc.) _____

Current Employer: _____

Applicants/Recipients/Program Participants must read the following and sign below

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination and repayment of my assistance and I may be subject to a civil penalty, plus damages under False Claims Act (31 U.S.C 3729).

Signature of Applicant: _____ Date: _____

Representatives of the ARPA Grant Partner Organization helping the program participant complete this form must read the following and sign below

I certify that I asked the applicant/recipient about all sources of income received by the household and, before using this form, used best efforts to obtain other possible sources of documentation. The information reported on this form was provided solely by the applicant/recipient and reflects the income the applicant reported to me. I did not modify the information in any way. **I understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in me being subject to a civil penalty, plus damages under False Claims Act (31 U.S.C 3729).**

Name: _____

Signature: _____ Date: _____