

IF NEEDED

HEAP/ECIP PROGRAM  
P.O. BOX 413/UKIAH, CA 95482  
800-233-4480/(707) 463-0637 FAX

Applicant's Name: \_\_\_\_\_

SELF-CERTIFICATION OF SURVIVAL INCOME

To Whom It May Concern:

I swear under penalty of perjury that I, \_\_\_\_\_  
NAME OF PERSON WITH SURVIVAL INCOME

Have not had any income since \_\_\_\_\_ and have  
(LIST MONTH & YEAR)

Been surviving with no income

By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
RESIDENCE ADDRESS CITY PHONE

\*Please use other side of paper to continue statement if needed \*