



MAGISTRATE COURT OF DEKALB COUNTY

Declaration of Income Statement

I, _____, do hereby declare on _____ that:
(Applicant's name) (date)

I have no documented proof of income due to the following situation _____

My estimated household's monthly gross income, for the 30 day period prior to the date of application is \$ _____

My estimated household's monthly gross income was calculated as follows:

I certify that the above information is true and correct to the best of my knowledge and belief.

I understand that the information will be verified to the extent possible, and that I may be subject to program termination and or prosecution for providing false or fraudulent information, if I knowingly submit inaccurate/false information.

(Applicant Signature)

(Date)

(Applicant Signature)

(Date)