



Phone (850) 438-4021  
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1380 North Palafox Street  
Pensacola, Florida 32501

**SELF- DECLARATION FORM**

I, \_\_\_\_\_ date of birth \_\_\_\_\_ social security number \_\_\_\_\_ attest that I currently do not have income and have not had income within the 30 days prior to my application for CAPC assistance. My last date of receiving any type of income was \_\_\_\_\_.

Verification of food stamps required. If not receiving please complete the following:

I, \_\_\_\_\_, attest that I have never received food stamp benefits.

At this time, my daily living needs are taken care of by: \_\_\_\_\_

Additional information regarding my income (optional): \_\_\_\_\_

At this time, I cannot provide documentation of my income because (if applicable): \_\_\_\_\_

“Under penalties of perjury, I declare that I have read the forgoing, and the facts alleged are true to the best of my knowledge and belief.” Any person who shall willfully include a false statement in the document shall be guilty of perjury and upon conviction shall be punished accordingly.

Print Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
County of \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary of the Public  
State of Florida

\_\_\_\_\_  
My commission expires

Personally Known: \_\_\_\_\_

Seal:

Identification Provided: \_\_\_\_\_