## Self-Attestation Form for Item P14

**Total includable family income (12 month or 6 month annualized)**

On this date, I, ____________________________________________ (Name of Applicant), certify that my “family income” (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children, if applicable) was zero for the past

( ) six months                      ( ) twelve months

I have supported myself during this period of time as follows:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

(Signature of Applicant)  
(Date)