

**MAIL to SELF**

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Name:

Age:

SSN/ITIN:

I, \_\_\_\_\_, swear or affirm that I currently do not

have any income of any kind.

I, \_\_\_\_\_, swear or affirm that my dependent child,

\_\_\_\_\_, does not have any income of any kind.

I (or my dependent child) do not have any current income because:

\_\_\_\_\_  
\_\_\_\_\_

I (or my dependent child) do not have any documents to explain no income because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I SOLEMNLY AFFIRM THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT OF CURRENT INCOME IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY ABILITY, BELIEF, AND KNOWLEDGE UNDER THE PENALTIES OF PERJURY.**

\_\_\_\_\_  
Date

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Signature of Applicant or Parent or Legal Guardian