



HOOPA VALLEY TRIBAL TANF PROGRAM  
 PO Box 728, Hoopa, California 95546  
 530-625-4816 phone/530-625-4826 fax

**INCOME DECLARATION**

Certification Date: \_\_\_\_\_

I am applying for Hoopa Valley Tribal TANF services and declare under penalty of perjury the following:

I, \_\_\_\_\_ (Print Name), have zero income to support my family since \_\_\_\_\_  
 \_\_\_\_\_ (month, day, year).

**OR**

I, \_\_\_\_\_ only have the follow income to support myself and my family:  
 \_\_\_\_\_ (list source of income) and I receive \$ \_\_\_\_\_ each month.

**Please mark (one) appropriate box below:**

1.  I may be eligible for unemployment benefits, but I have not yet applied for unemployment.
2.  I believe that I am eligible for unemployment benefits and have applied on  
 \_\_\_\_\_ (month, day, year).
3.  As of this date, I have not yet received an unemployment award letter; OR
4.  I have received an unemployment award letter and my weekly benefit amount is \$ \_\_\_\_\_.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

**HVTTTP USE ONLY**

\_\_\_\_\_  
 Date Received

\_\_\_\_\_  
 Received by

\_\_\_\_\_  
 Case Worker Name