



SELF-DECLARATION OF INCOME STATEMENT
(AUTO-DECLARACIÓN DE INGRESOS)

Date (Fecha): \_\_\_\_\_

From (De):

(Name of Person completing this form/Nombre de la persona llenando): \_\_\_\_\_

To (Para):

Northeast Florida Health Services, Inc, dba Family Health Source (medical center)

This is to confirm that (estoy confirmando que) \_\_\_\_\_ (name of applicant/nombre del aplicante) I currently live at (Actualmente vivo en) and my phone number is (Y mi número de teléfono es)

Address (Dirección): \_\_\_\_\_

Telephone (Telefono) #: ( \_\_\_\_\_ ) \_\_\_\_\_

I certify that I am currently (Certifico que estoy actualmente):

- Self Employed (Trabajadores por cuenta propia)
• Do not have a bank account (No tiene una cuenta bancaria)
• Am only paid in cash (Solo pago en efectivo)

By signing this, I understand under penalty of perjury that any misrepresentation of the information that I provide to Northeast Florida Health Services, Inc. dba Family Health Source is federal fraud punishable by any applicable laws.

(Mediante la firma de este, entiendo bajo pena de perjurio que cualquier declaración falsa de la información que proporciono al Northeast Florida Health Services, Inc. dba Family Health Source es fraude federal castigado por las leyes aplicables.)

Thank you (Gracias),

Signature of Person completing this statement/(Firma): \_\_\_\_\_

STATE OF FLORIDA,
COUNTY OF VOLUSIA

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by (name of person making statement).

(NOTARY SEAL) Signature of Notary Public-State of Florida: \_\_\_\_\_

Name of Notary Typed, Printed, or Stamped: \_\_\_\_\_

Personally Known [ ] OR Produced Identification [ ]

Type of Identification Produced: \_\_\_\_\_