



SELF-DECLARATION OF HOUSEHOLD INCOME

I, _____ understand that the amount I am charged for FMHC services depends on my household income. I understand that household income includes my income and the income of all family members living with me.

I understand that "income" includes, but is not limited to:

- pay, wages, or salaries
- tips
- unemployment benefits
- social security benefits
- welfare benefits
- disability, worker's compensation or other payments for an injury or illness
- retirement or pension benefits
- alimony or child support payments
- insurance or annuity payments to me
- interest or dividends from savings accounts or investments
- rental income or other income from a business
- income from royalties, patents, gambling, sweepstakes or lottery winnings
- inheritance, gifts and grants

I understand that if the members of my household have any of these types of income, I must tell the eligibility worker about them and include the income in the estimate. I also understand that if I provide false information I will be disqualified from the FMHC Sliding Fee Discount Program and all charges will be due in full immediately. I declare that my estimated yearly household income is \$_____.

BY SIGNING THIS FORM, I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF IDAHO THAT THE INFORMATION I AM PROVIDING IS TRUE AND CORRECT.

Name of Applicant/Guardian (printed): _____

Date: _____

Signature of Applicant/Guardian: _____
