



**Senior Community Service Employment Program  
 Self-Attestation Form for Zero Total Includable Family Income  
 (12-month or 6-month annualized)**

On this date, I \_\_\_\_\_ (*name of applicant/job seeker*), certify that my “family income” (the combined includable 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:

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 Signature of Applicant

\_\_\_\_\_  
 Date