



Notarized Statement of Cash-Employment Income

Important: Please do not alter, strike through, or use white-out on any form. If you make a mistake, you can complete a new form. Use of white-out may deny or delay determination of services.

Name of Parent/Guardian: _____ Date Completed: _____

Business Name/Employer's Name: _____

Business Address: _____

Business Phone Number: _____

Job Description: _____

I hereby certify that the information provided on these Cash-Employment Income Forms is true and complete to the best of my knowledge. I am aware that if I knowingly provide false, misleading, or incomplete information it may result in the denial of services, and I may be reported to the Department of Law Enforcement Division of Public Assistance Fraud to be prosecuted for fraud.

THIS FORM MUST BE NOTARIZED AFTER LOG IS COMPLETE

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation:

Signature of Parent/Guardian _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [__] physical presence or [__] online notarization, this ____ day of _____, 20____, by _____.

Name of Notary Typed, Printed, or Stamped:

Signature of Notary Public-State of Florida: _____

Personally Known ____ OR Produced Identification ____

Type of Identification Produced _____