



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 Client: _____ Date Completed: _____
 Business Name: _____ Business Address: _____ Business Phone Number: _____
 Job Description: _____ Employment Start Date: _____
 Employer's Signature: _____ Employer's Name (Printed): _____
 Paid with Venmo/Cash App/ Zelle? No Yes If yes, provide payments that match work schedule/calendar. Is employee a relative? No Yes

Work Schedule/Calendar:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	TOTAL PAY COLLECTED: \$ _____
PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	TOTAL HOURS: _____
HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	TOTAL PAY COLLECTED: \$ _____
DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	TOTAL HOURS: _____
PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	TOTAL PAY COLLECTED: \$ _____
HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	TOTAL HOURS: _____
DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	TOTAL PAY COLLECTED: \$ _____
PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	TOTAL HOURS: _____
HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	TOTAL PAY COLLECTED: \$ _____
DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	TOTAL HOURS: _____
PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	PAY: _____	TOTAL PAY COLLECTED: \$ _____
HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	TOTAL HOURS: _____

I hereby certify that the information provided on this Cash-Employment Income Form 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****

Stamp Here

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an oath or affirmation: Signature of Client _____ 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 client _____.

Name of Notary Typed, Printed, or Stamped:

Signature of Notary Public-State of Florida: _____ Personally Known ____ OR Produced Identification ____

Type of Identification Produced _____