



## Notarized Statement of Cash-Employment Weekly Income Log

**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

**Log in the most recent completed consecutive 4 weeks for every day you worked, enter the date, gross amount of money earned (before taxes) and the total number of hours worked for that day.**

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

The following notarial certificate is sufficient for an oath or affirmation:

**Stamp Here**

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ 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 Public Typed, Printed, or Stamped \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

Personally Known [\_\_\_\_\_] OR Produced Identification [\_\_\_\_\_] Type of Identification Produced \_\_\_\_\_