



# Income Affidavit

## 2026-2027 PROGRAM YEAR

This affidavit is to accompany the Certification and Consent Form when income documentation is required but not available. This affidavit is used when an adult household member has cash income, no income, or income that is not otherwise documented on pay stubs, statements, letters, etc.

Note: Each adult household member must document their income in a separate affidavit.

I, \_\_\_\_\_ attest to the fact that I have received (select one):

Zero income for the past thirty days, OR

\$ \_\_\_\_\_ income for the past thirty days.

This income was received from (please enter "N/A" if reporting zero income): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the statements made on this affidavit are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I also understand that the information I am providing is subject to verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Illinois Zip Code: \_\_\_\_\_