

DOS DCS Income Attestation Form

Date: / /

Check one:
<input type="checkbox"/> Annually
<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> Weekly

I, _____, attest that my income is \$ _____

By checking this box, I certify that I have experienced a recent loss of income or job due to the [NYS State of Emergency related to] Covid-19 Outbreak.

I understand that each time I visit the Economic Opportunity Council of Suffolk, Inc., I will be asked if my income status has changed.

I understand that I may be asked to provide income documentation (to include pay stubs, benefit letters, tax returns, etc.) at a future date.

Signed: _____

Date: / /

Staff Witness: _____

Date: / /

_____ Staff Initials to confirm that information on Child Support Services and Referrals, if applicable, was shared with this individual.

Contact Information for follow-up:

Name: _____

Phone: (____) _____

E-mail: _____

Household size (circle one): 1 2 3 4 5 6 7 8 9+