



HealthWorks for Northern Virginia
Your Community Health Center

Compassionate • Culturally Competent • Accessible to All

SELF DECLARATION OF INCOME

Name: _____ Date of Birth: _____

I, _____, declare that my income
is approximately \$_____. I am paid:

- Daily
- Weekly
- Bi-weekly
- Monthly

Signature

Date

DECLARACION DE INGRESOS

Nombre: _____ Fecha de nacimiento: _____

Yo, _____, declaro que tengo un ingreso
aproximadamente \$_____. Me pagan:

- Diario
- Semanales
- Quincenales
- Mensuales

Firma

Fecha