Self-Attestation Form for Item P14
Total includable family income (12 month or 6 month annualized)

On this date, I, _____ *(Name of Applicant)*, certify that my "family income" (the combined income of my current family members, including my parent, guardian, husband, wife, and/or dependent children, if applicable) was zero for the past

( ) six months ( ) twelve months

I have supported myself during this period of time as follows:

_____

_____

_____

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_____ _____

(Signature of Applicant) *(Date)*