

BANK/TAX/INCOME ATTESTATION

| Date: | |
|---|---|
| Applicant Name: | Applicant's DOB: |
| Please check the box(es) for any i | item that you do NOT have and then initial on the line: |
| • • • | ot have any bank accounts (savings or checking). Please on that I do not have a bank account. |
| Applicant Initials: | Spouse Initials (if applicable): |
| ☐ Taxes : (if you and/or your sp transcript of nonfiling) | oouse have a SSN or ITIN, you MUST provide a tax return o |
| I do hereby certify that I do n accept this letter as verification | ot file federal or state income tax for the year Please on that I do not file taxes. |
| Applicant Initials: | Spouse Initials (if applicable): |
| ☐ Income: I do hereby certify that I am usecurity, disability, or any oth | unemployed and do not have any work income, social er form of income. |
| Applicant Initials: | Spouse Initials (if applicable): |
| Signature of Applicant: | Date: |
| <u> </u> | Date: |
| (if applicable) | |