

I herewith affirm that the statements given in this application are true and correct to the best of my knowledge and belief.

DATE: _____ SIGNATURE OF APPLICANT:

SIGNATURE OF WITNESS:

SIGNATURE OF TAX COLLECTOR:

ANNUAL INCOME FROM:

Public Assis./Unemployment	\$ _____	Salary/Wage	\$ _____
Compensation	\$ _____	Benefits	\$ _____
Self-Employment	\$ _____	Annuities	\$ _____
Social Security	\$ _____	Profits	\$ _____
Interest	\$ _____	Bonuses	\$ _____
Commissions	\$ _____	Pensions	\$ _____
Rents			
\$ _____		\$ _____	Royalties
Other	\$ _____		

TOTAL \$ _____