

# Statement of Income

Client name(s) – Last, First

Client/Caregiver name – Last, First

### Staff:

- Use this form when proof of income doesn't exist. For example: The person has no income, works for cash, or income documentation was destroyed in a house fire or natural disaster.
- Enter the self-reported household income in Client Services and assess if it meets WIC guidelines.
- Select "Statement of Income" for proof of income. This form is the person's proof of income.

### Client or Caregiver:

By signing this form I state: (mark which applies)

- I have zero income.
- I have no proof of income (enter household income below).
- WIC is assessing my annual income and I have no proof of income or zero income for all or some of the past 12 months (enter household income below).

Source of income	Income amount (before taxes or deductions)	How often is this income received?

Reason(s) why proof isn't available: \_\_\_\_\_

**This information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Client/Caregiver signature

\_\_\_\_\_  
Date

### WIC Nutrition Program doesn't discriminate.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

Fax: (202) 690-7442

**This institution is an equal opportunity provider.**  
Washington State WIC Nutrition Program doesn't discriminate.



DOH 962-933 January 2017



Staff initial all that apply: \_\_\_\_\_ Interpreter \_\_\_\_\_ Read to client \_\_\_\_\_ Written translation \_\_\_\_\_ Other