



PIVOTAL SUPPORT PROGRAM
Income Self-Certification Form

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To be completed by EACH ADULT HOUSEHOLD MEMBER who:

- (1) Claims zero income, neither earned nor unearned, from any source (section (1) below)
(2) Is unable to provide documentation for an income source (section (2) below)

Household Member Name _____

Complete Address _____

(1) I certify that I DO NOT individually receive income from any source, including but not limited to the following:

- Wages and salary income (including commissions, tips, bonuses, fees, etc.);
Self employment and business income;
Pension and/or retirement income;
Unemployment or disability payments;
Alimony, Child Support, Foster Care Payments;
Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
Any other income source not named above
Rental income from real or personal property;
Interest or dividends from assets;
TANF, public assistance, and/or utility check;
Armed Forces Income;

(2) I certify that I DO receive income from the following source(s), but I AM UNABLE to provide proper documentation: (check ALL that apply, fill in any source not listed)

- Self Employment and Business Income;
Alimony, Child Support, Foster Care Payments;
TANF, Public Assistance, Utility Check;
Armed Forces Income;

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that the providing of fraudulent, false, or misleading information may result in the denial of services even if the guidelines are met.

Signature of household member

Printed name of household member

Date