

# Government Assistance Income Statement

## Applicant Information

**Full Name:**  
John Doe

**Identification Number:**  
A123456789

**Contact Number:**  
(123) 456-7890

**Address:**  
123 Main Street, City, State, ZIP

## Reporting Period

**From:**  
01/01/2024

**To:**  
30/06/2024

## Type of Government Assistance Received

Assistance Program	Reference/ID Number	Monthly Amount	Duration (months)	Total Received
Unemployment Benefit	UB-2024-001	\$500	6	\$3,000
Food Assistance	FA-987654	\$200	6	\$1,200
Housing Allowance	HA-456789	\$300	6	\$1,800
Total Assistance Received				\$6,000

## Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that providing false information may result in legal action or the withdrawal of assistance.

**Signature:**  
\_\_\_\_\_

**Date:**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

## Important Notes

- Ensure all information is accurate and up to date.
- Attach supporting documents where applicable (e.g., payment slips, program letters).
- This statement may be required by agencies or institutions for verification.
- Any misrepresentation may result in penalties or required repayment.

