

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES OFFICE OF  
COMMUNITY SERVICES ONE SMITHFIELD STREET, SECOND FLOOR  
PITTSBURGH, PA 15222

**VERIFICATION THAT FAMILY INCOME IS NOT ABOVE 125% of Federal Poverty  
Level**

To be completed and signed by applicant or applicant's parent or guardian, if applicant is under 18 years of age, that the household's income is no greater than 125% of federal poverty level.

- 1 APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_
- 2 APPLICANT'S SOCIAL SECURITY NUMBER \_\_\_\_\_
- 3 Name of applicant or parent/guardian \_\_\_\_\_
- 4 Applicant/parent or guardian's Social Security Number \_\_\_\_\_
- 5 Applicant/parent or guardian's Birth date \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, STATE THAT THE HOUSEHOLD INCOME DURING THE PERIOD \_\_\_\_\_ TO \_\_\_\_\_ WAS AT OR BELOW 125% OF THE FEDERAL POVERTY GUIDELINES, ACCORDING TO THE CHART BELOW. I UNDERSTAND THAT I CAN BE PENALIZED BY FINES, IMPRISONMENT, AND/OR REIMBURSEMENT OF SERVICES FOR MAKING FALSE STATEMENTS.

SIGNED \_\_\_\_\_

RELATIONSHIP: \_\_\_ SELF \_\_\_ PARENT \_\_\_ GUARDIAN \_\_\_ OTHER: \_\_\_\_\_

DATE \_\_\_\_\_