



241 Pine Street NE, Atlanta, GA 30308
 Office 404-604-3614 Fax 404-872-5009
www.southface.org
ccprp@southface.org

AFFIDAVIT CERTIFYING HOUSEHOLD INCOME

Please list EVERY person that lives in your household.

	NAME	GENDER	LAST FOUR SS#	BIRTH DATE	AGE	INCOME
SELF						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$
11						\$
12						\$

I certify that I have declared all members of my household presently residing in my place of residence and have provided all sources and amounts of income for all persons living in my household to the Southface for the purpose of receiving Care & Conserve Plumbing Repair Program Assistance.

I also understand that a person who knowingly and willfully falsifies, conceals, or covers up a material fact, or makes a false, fictitious or fraudulent statement is subject to punishment, fine and imprisonment by federal and state agencies.

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Printed Name

Account Holder's Signature

Date