



South Antelope Valley Emergency Services

SAVES
1002 East Ave. Q-12
Palmdale, CA 93550
661/267-5191
Fax 661/267-5274

UNDOCUMENTABLE INCOME CERTIFICATION

Head of household name: _____

Daytime phone number: _____

Street address: _____

City: _____

This is to certify that I, _____, live at the address listed above as a member of the household applying to receive services from the SAVES program. I understand that these services are available to qualifying households based on household size and income from all sources. This is to certify under penalty of perjury under the laws of the State of California that my income consists of the following sources that cannot be documented by a third party:

Source: _____ Amount per month: \$ _____

Total per month: \$ _____

By signing below, I certify under oath that this information is true and correct.

Signature: _____ Date: _____