

**MHMRA OF HARRIS COUNTY
STATEMENT OF EARNINGS**

This is an Official Government Record. Untrue or incomplete information given on this form may and probably will result **In Criminal Action** being taken under Section 31.04, 37.04, 37.10, or other portions of Texas Penal Code.

Fill out only the sections that apply to you. Be sure to fill-in **every** space in those sections. This is an Official Government Record.

SELF-EMPLOYED PERSON

I, _____, am presenting
(1040, Bookkeeper Stat, Receipt, etc.) _____ to prove my total gross
monthly income which is \$_____. My profession is _____.
Additional income for my immediate family comes from _____
and totals \$_____. I (We) have no other source of income including savings, real property
or rental property.

UNEMPLOYED PERSON

I, _____, am presenting
(TEC Documents, Welfare Appl., etc.) _____ to prove my unemployment.
My income per month is \$ _____ which is from _____.
Additional income for my immediate family comes from _____
and totals \$_____. I (We) have no other source of income including savings, real property
or rental property. My last employer was: Company Name _____
Address: _____ Telephone Number: _____
I have been unemployed since (date) _____. I am unemployed because _____
_____.

SEPARATED PERSON

I, _____ acknowledge that I have been separated for (months/years) _____, from (full name) _____, of (street address) _____ (city) _____ (state) _____ (zip code) _____ who earns \$ _____. Additional income for my immediate family comes from _____ and totals \$ _____. I have no other source of income including savings, real property or rental property.

HOMEMAKER

I, _____, am a homemaker. I do not earn any income in or out of my home. The last date I worked was _____.

Name of Employer: _____ Address: _____

Telephone Number of Employer: _____. I am not on leave of absence from a job. I have been a homemaker for the following length of time: _____. My support is _____. I have no other source of income including savings, real property or rental property.

SUPPORTER STATEMENT

I, _____, acknowledge that I have supported (consumer's name) _____ for the following length of time: _____. [] I do, [] I do not, provide him/her with room and board. My relationship to him/her is _____. I understand that I am not responsible for his/her medical bills. He/she has no other sources of income including savings, real property or rental property. My source of income is _____ (company name) _____ (address) _____ (telephone number) _____.

Date: _____ Signature: _____

Date: _____ Supporter Signature: _____