



# The Toby Center

For Family Transitions

## CERTIFICATION OF INCOME

To be completed by party responsible for fees provided by Toby Center Service.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

1. Choose one: (misrepresentation will be shared with the Court)

- My current income is \$ \_\_\_\_\_ .00 (Circle one: Weekly/Monthly/Annually) I have attached documentation I have attached documentation in form of \_\_ check stub \_\_ disability statement \_\_ unemployment statement \_\_ tax filing \_\_ other
- Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
- Currently, I have no income of any kind and I will not be seeking employment at this time.

2. I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- Any other source not named above.

3. I do not have any current income because:

\_\_\_\_\_

\_\_\_\_\_

4. I do not have any documents to explain no income because:

\_\_\_\_\_

\_\_\_\_\_

5. I will be using the following sources of funds to pay for The Toby Center services:

\_\_\_\_\_

\_\_\_\_\_

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of Toby Center services.*

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Stamp Here

Please return this form to the Toby Center by scanning and emailing to [mschlegel@thetobycenter.org](mailto:mschlegel@thetobycenter.org), or faxing to 844-900-8378.