

## Income Loss Declaration

I, [REDACTED], residing at [REDACTED], hereby declare that I have experienced a loss of income due to the following reasons:

The income loss started from [REDACTED] and is expected to continue until [REDACTED].

Previous monthly income: [REDACTED]

Current monthly income: [REDACTED]

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature: [REDACTED]

Date: [REDACTED]