

# CERTIFICATE OF LOW INCOME STATUS

This is to certify that the individual named below has been evaluated and has met the criteria established for low income status in accordance with the applicable regulations and policy.

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

This certification is issued for the purpose of availing governmental programs, benefits, and other services intended for individuals with low income status.

Issued on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Authorized Officer

\_\_\_\_\_  
Recipient's Signature

(This certificate is valid for one year from the date of issuance unless otherwise specified.)