### horizontal line**Self Declaration Statement for Income**

**I. Introduction** [Your Name] issues this Self Declaration Statement to transparently declare all sources of income and financial standings. This document confirms [his/her] financial responsibility and integrity.

**II. Income Information**

* **Primary Source of Income**: [Your Primary Job/Activity]
* **Secondary Sources of Income**: [Any Secondary Sources]
* **Annual Income**: [Your Total Annual Income]
* **Additional Financial Benefits**: [Any Other Benefits, e.g., Bonuses, Stock Options]

**III. Declarations**

* **Financial Support**: [State if you provide financial support to anyone]
* **Debt Status**: [Outline of any Outstanding Debts]
* **Investment Details**: [Brief on Investments]

**IV. Conclusion** By issuing this Self Declaration Statement for Income, [Your Name] affirms the accuracy and completeness of the information and commits to updating the document as necessary.

**Signature** [Your Signature] [Date]

### **Self Declaration Statement for Health**

**I. Introduction** This Self Declaration Statement issued by [Your Name] transparently shares [his/her] current health status and medical conditions to ensure all related parties are informed of [his/her] well-being.

**II. Health Information**

* **General Health Status**: [Your General Health Description]
* **Known Medical Conditions**: [List of Known Conditions]
* **Medications**: [Medications You Are Currently Taking]
* **Allergies**: [List any Allergies]

**III. Declarations**

* **Recent Hospitalizations**: [Any Recent Hospital Visits or Treatments]
* **Disability Status**: [Any Disabilities]
* **Health Insurance**: [Information About Your Health Insurance]

**IV. Conclusion** By issuing this Self Declaration Statement for Health, [Your Name] commits to the accuracy of the information and pledges to update it should there be any significant changes to [his/her] health.

**Signature** [Your Signature] [Date]