

# Declaration of Personal Income

Each adult with zero irregular income must complete a separate form. Do not leave any blank lines- the application will not be accepted with incomplete forms. If additional space is needed, please provide the information on a separate piece of paper and attach it to this application.

Name of adult claiming zero/irregular income: \_\_\_\_\_

Applicant name (if different): \_\_\_\_\_

## Household Support:

- How much does your household pay for rent or mortgage? \$ \_\_\_\_\_
- How do you pay your rent or mortgage? (select from below)
  - My Income
  - I have no rent/mortgage
  - Work Exchange
  - I'm behind facing eviction/foreclosure
  - Other: \_\_\_\_\_
  - Other household member/roommate income
  - Family/friends pay rent/mortgage to the landlord/mortgage company
  - Family/friends give me money to pay rent/mortgage
  - Savings
- Have you made a payment to your utilities in the last 30 days? **Y or N** How much? \$ \_\_\_\_\_
- If your rent or mortgage is paid by family/friends or agency, how many months have they been assisting you? \_\_\_\_\_

## Choose one below and complete:

I receive formal income (check all that apply):

- |                                                 |                                                |                                                  |
|-------------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> TANF                   | <input type="checkbox"/> Alimony               | <input type="checkbox"/> Veteran's Benefits      |
| <input type="checkbox"/> Child Support          | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Short-term Disability   |
| <input type="checkbox"/> Social Security        | <input type="checkbox"/> Unemployment          | <input type="checkbox"/> Property Sale           |
| <input type="checkbox"/> Tribal Benefits        | <input type="checkbox"/> Foster Care/ Adoption | <input type="checkbox"/> Trust Fund/ Inheritance |
| <input type="checkbox"/> Earned Income/ Job     | <input type="checkbox"/> Rental Income         | <input type="checkbox"/> Work Study              |
| <input type="checkbox"/> Self-Employment Income | <input type="checkbox"/> Pension               | <input type="checkbox"/> Other : _____           |

I receive informal income (e.g. selling plasma, pop bottle returns, odd jobs, giving blood, selling items):

Source of income: \_\_\_\_\_

Amount received in last 30 days: \$ \_\_\_\_\_

How long have you received this income? \_\_\_\_\_

I have Zero income:

How long have you been without income? \_\_\_\_\_

What was your last source of income? \_\_\_\_\_

\* what was the date of your last check? \_\_\_\_/\_\_\_\_/\_\_\_\_

How do you pay for food and utilities? \_\_\_\_\_

I am a full time high school student

By signing this form, I certify that the information stated is true and accurate. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date