

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