

Declaration of Household Income



Instructions: This form is to be complete by the person applying for assistance if any of the following situations apply to the applicant and/or any household member age 18 and over for the previous month:

- Had no income and verification cannot be obtained from a government entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.
- Received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained.
- Received money from family/friends
- Received income not reported elsewhere.

Applicant's name (please print): _____

Applicant's address (please print): _____

Did you or any household member age 18 and over have **no income** last month? If so, complete the following for every adult:

Name	How long has this person had no income?

Did you or any household member age 18 and over receive income from **occasional work when a receipt book was not maintained**, receive **money from family or friends**, or receive any **income not reported elsewhere** last month? If so, complete the following for you and every adult:

Name	Amount:	Source of Income:

How do you pay your rent/mortgage? _____

How do you pay for food? _____

How do you pay for your utilities? _____

I certify that the information provided above is true and complete to the best of knowledge. I understand I may be required to provide of any information given and that providing false information will invalidate this form and may require the repayment of any assistance received based on the false information. I understand that I am subject to all applicable Federal or State laws concerning fraud.

Applicant's Signature: _____ Date: _____