

Appendix VI: Self-Declaration of Income Worksheet

If you have no other way to document your income, please complete all sections below. An incomplete worksheet may delay the processing of your application.

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member(s), include a signed and dated statement from the person(s) that has their name(s), address, and phone number(s). The statement must show how much money is provided, how often, and if the money is given to you or paid directly to your creditors.

Does your household receive any of the following?	Yes or No	Amount
Supplemental Nutrition Assistance Program (SNAP)		\$
Temporary Assistance for Needy Families (TANF)		\$
Rental Assistance (i.e., Section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) - Please note if this is paid directly to the utility companies		\$

We need documents for any above amounts
 Explain how the following expenses are paid (Select N/A for any that do not apply) and/or provide past due bills documenting non-payment.

Bill	Monthly Amount	Gift/Loan (if Other, please explain)		
Rent/Mortgage	\$ How much	☒ N/A	☐ Gift/Loan	Other:
Food	\$	☒ N/A	☐ Gift/Loan	Other:
Gas	\$	☒ N/A	☐ Gift/Loan	Other:
Electric	\$	☒ N/A	☐ Gift/Loan	Other:
Phone/Cell	\$	☒ N/A	☐ Gift/Loan	Other:
Car Payment/Insurance	\$	☒ N/A	☐ Gift/Loan	Other:
Cable/Internet	\$	☒ N/A	☐ Gift/Loan	Other:
Personal Expenses	\$	☒ N/A	☐ Gift/Loan	Other:
Bulk Fuels (i.e., propane, fuel oil/coal)	\$	☒ N/A	☐ Gift/Loan	Other:
Other Expenses	\$	☒ N/A	☐ Gift/Loan	Other:

Income Comments Section:

Example, do not copy this. Use your own words. -

I am currently unemployed do to a surgery I had to have but I will be returning to work as soon as I am cleared to return to work by my doctor. In the mean time I have (persons Name) helping me pay some of my bills.

By signing below, I declare under penalty of perjury the information submitted on this worksheet is true and correct.

Signature: You must sign & date

Date: _____

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Bill	Monthly Amount	Gift/Loan (if Other, please explain)		
Rent/Mortgage	\$	☐ N/A	☐ Gift/Loan	Other:
Food	\$	☐ N/A	☐ Gift/Loan	Other:
Gas	\$	☐ N/A	☐ Gift/Loan	Other:
Electric	\$	☐ N/A	☐ Gift/Loan	Other:
Phone/Cell	\$	☐ N/A	☐ Gift/Loan	Other:
Car Payment/Insurance	\$	☐ N/A	☐ Gift/Loan	Other:
Cable/Internet	\$	☐ N/A	☐ Gift/Loan	Other:
Personal Expenses	\$	☐ N/A	☐ Gift/Loan	Other:
Bulk Fuels (i.e., propane, fuel oil/coal)	\$	☐ N/A	☐ Gift/Loan	Other:
Other Expenses	\$	☐ N/A	☐ Gift/Loan	Other:

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