

Self-Declaration or more self-because the sections of your application.

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.

Client Name			_ Date			
Monetary Support section:  If you are receiving help paying your signed and dated statement from number(s). The statement must sho given to you orpaid directly to your o	n that person(s) to bw how much mon	hat has	s their nam	e(s)	), address,	and phon
Does your household receive any of the following?					Yes or No	Amount
Supplemental Nutrition Assistance Program						\$
Rental Assistance (i.e. Section 8, HUD, Metropolitan Housing)						\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies						\$
	•		•			
Explain how the following expens	•					
Bill	Monthly Amount		Gift/Loan (if			(piain)
Rent/Mortgage	\$	□ N/A	Gift/Loan			
Food	\$	□ N/A	Gift/Loan			
Gas	\$	□ N/A	Gift/Loan			
Electric Phone/Cell	\$	□ N/A	Gift/Loan			
	\$	□ N/A	Gift/Loan			
Car Payment/Insurance Cable/Internet	\$	□ N/A	Gift/Loan			
	\$	□ N/A	Gift/Loan			
Personal Expenses	\$	□ N/A	Gift/Loan	_	ner:	
Bulk Fuels (i.e. propane, fuel oil/coal) Other Expenses	\$				ner:	
Other Expenses	Φ	□ N/A	☐ Gift/Loan	Oli	iei.	
Income Comments Section:						

Date: \_\_\_\_\_