## **Appendix IV: 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 that 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		\$
Rental Assistance (i.e. Section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies		\$

ntal Assistance (i.e. Section 8, HUD, Metropolitan Housing)					\$
Jtility Allowance (HUD) – Please note if this is paid directly to the utility companies					\$
Explain how the following expense	es are paid (Selec	t N/A fo	or any that o	do not apply)	:
Bill	Monthly Amount			Other, please	
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:	
		□ N/A	☐ Gift/Loan	Other:	
Bulk Fuels (i.e. propane, fuel oil/coal)	\$				
Bulk Fuels (i.e. propane, fuel oil/coal) Other Expenses  ncome Comments Section:	\$	□ N/A	Gift/Loan	Other:	
Other Expenses			_	Other:	
Other Expenses			_	Other:	
Other Expenses			_	Other:	
Other Expenses			_	Other:	
Other Expenses			_	Other:	
Other Expenses			_	Other:	
Other Expenses			_	Other:	
Other Expenses			_	Other:	
Other Expenses			_	Other:	

Signature:	Date:	
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