



**Household Income** Documentation must be provided of all income - must be less than 60 days old.

Mark all income types your household receives. Explain all answers in table below.

Income is defined as money or contributions that benefit the family. Including but not limited to the sources listed below.

- Employed** (full/part time job/s)       **Unemployment or Workman's Comp**       **FINANCIAL AID** for School  
 **SS / SSI**       **SELF-EMPLOYED** (Explain type below)       **Scholarship**  
 **Child Support** (ordered/voluntary)       **Work Study/Job Training Program**       **AFDC, TANF, FITAP or KINSHIP**  
 **Retirement/Pensions/Disability payments** NOT from Social Security or /SSI       **FOOD STAMPS**  
 **Monetary Contributions** from Family and/or friends, or bills paid by anyone not a household member.

List members who receive income	List details of all INCOME / BENEFIT(s) marked If working list; Company Name & phone, email or fax number.	Hourly Wage	List # of Hours Worked each week	List All MONTHLY Amounts of Income Received that are NOT from Job wages
		\$		\$
		\$		\$
		\$		\$
		\$		\$

**Mark Y or N Do not leave any blanks, answer questions fully**

Has anyone begun a new job since your last Personal Declaration, who & when: \_\_\_\_\_

Is any employment seasonal (such as a 9-month school year)? If YES, are Unemployment benefits received during Summer?  No  Yes

Was anyone Laid Off, Quit or Fired since your last Personal Declaration;  No  Yes, if YES, list who, when & employer/company: \_\_\_\_\_

Did anyone get (this year) a: **10-99 form**  Yes  No      **W-2 Form**  Yes  No      File a **Tax Return**  Yes  No

**Assets of Household Members** answer Y or N to all questions Does any household member have the following;

- Bank account**...(if "Y", provide copy of current statement)       **Stocks/Bonds, Trusts, CDs, IRAs** (if "Y", bring documents)  
 **Real estate/property** bought/sold/inherited in last 12 months       **Boat, atv/utv, motorcycle or motorhome**  
 Currently own any **property/buildings/mobile home**       **Life or Burial Insurance** (if "Y", bring policies)

**Monthly Expenses** DO NOT LEAVE ANY BLANK QUESTIONS. Use last month's amounts. Mark "N/A" if it does not apply.

Rent \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Internet/Cable TV \$ \_\_\_\_\_ Water/Elec \$ \_\_\_\_\_ Gas utility \$ \_\_\_\_\_ Loan Payoff \$ \_\_\_\_\_

Auto Payment \$ \_\_\_\_\_ Auto Insurance \$ \_\_\_\_\_ Other Insurance; Life / Burial / Renter's \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Vehicles:** How many vehicles does your household own? \_\_\_\_\_ Do you regularly use vehicles registered to others?  No  Yes

**Public Housing Tenants ONLY:** Yr / Make/Model / color of all vehicles owned or regularly used: \_\_\_\_\_

**Child / Dependent Care Services**

I DON'T pay for C/D care (skip down to Medical Expenses)       I DO pay out-of pocket C/D Care (fill out below)

List Names/Ages under care; \_\_\_\_\_

Provider Name; \_\_\_\_\_ Phone \_\_\_\_\_ Monthly Amount Paid \$ \_\_\_\_\_

Street Address; \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Does anyone help pay for this?  No  Yes, List name & address \_\_\_\_\_

**MEDICAL EXPENSES** If the **Head of Household, Spouse** or **Co-Head are disabled** or are age **62 & older**, does any family member pay; **non-reimbursed** prescriptions, prescription drug plan and/or other continuing **non-reimbursed** medical expenses?  N/A  No  Yes