



Self-Declaration of Income Support

Applicant Information:

First Name	Last Name	Telephone Number (include area code)
Address		

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

Monthly Household Income Amount:	\$	Annual Household Income:	\$
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Describe how you have been able to pay your bills, including food, shelter, clothing etc.:

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member, please list their name(s), address, and phone number(s) below. If you have a note from the person providing assistance, please include the signed and dated note with your application. If additional space is required (you have more than one person assisting you) use the back of this form to list their information and have them provide a signed and dated notes, if available.

First Name	Last Name	Telephone Number (include area code)
Address		
How much is given: \$	How Often: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Paid to me <input type="checkbox"/> Paid to bill directly

Does your household receive any of the following?	Yes or No	Amount per Month
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		\$

Describe how your household was financially impacted by COVID-19:

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct. I further certify that my household is experiencing homelessness or housing instability.

Signature: _____

Date: _____

Verified by: _____

Date: _____