



Household Member Income/No Income Declaration

Every HH member 18+ self-employed, zero income, or receiving unearned income (unemployment, disability insurance, child support, etc.) must fill this out, sign in ink and date, or provide the same information written on a piece of paper, signed and dated.

Print Name: _____ Birth Date: _____

The number of people who live in my household is: _____

I am: Self-Employed No Income Unemployment, Disability Insurance, Child Support, etc.

1. No Income only:

The date and source of MY LAST income was: (mm/dd/yyyy): _____

2. Self- Employed only:

My total gross income (Business Income minus Business Expenses) for the 30 days prior to the application date:

My expenses are paid by (list member paying and funding source, note if unpaid):

Does anyone other than a household member help you pay expenses, such as a friend or family member? If yes, please explain each below:

3. HOUSING is paid by who _____

With what money _____

4. FOOD is paid by who _____

With what money _____

5. UTILITIES are paid by who _____

With what money _____

6. TRANSPORTATION – gas/car payment/insurance is paid by who _____

With what money _____

PENALTIES FOR FRAUD

- All household members will be ineligible for any Human Services’ programs for a period of two years from the date the fraud was discovered.
- Applicant will be required to pay back any funds received, and all household members will be ineligible for any Human Services’ programs for a period of two years from the date the debt was repaid in full. Members will be permanently ineligible from Human Services’ programs if the debt is not repaid.
- Fraudulent receipt of a benefit of \$300 or greater may lead to felony prosecution up to and including Grand Theft charges.

Signature

Date