

Self-Declaration of Client Income Form

Agencies: *You must obtain pre-approval from CES to use this form. This form should only be used as a last resort, if direct or third-party documentation of income cannot be obtained.*

Client Name: _____ HMIS ID#: _____

The purpose of this form is to allow the above-named individual to certify that the family receives one or more sources of income that cannot be directly documented through formal records or through an appropriate third party. Income includes, but may not be limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies, excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box below and follow the instructions in that section.

I certify, under penalty of perjury, that my household currently receives income from the following sources:

Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

Applicant Signature: _____ Date: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time (up to 90 days). **Please complete the Zero-Income Affidavit Form. Do not complete or submit this form.**

Staff Verification

I understand that direct or third-party verification is the preferred method of certifying income for assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain direct or third party verification.

Documentation of attempt made for third-party verification:

Staff Signature: _____

Date: _____

CES Approval for Use: _____

Date: _____