

Applicant's Name:



Development Services Agency

# Self-Declaration of Income Worksheet

John R. Kasich, Governor David Goodman, Director

Complete the information below only if you have no other way to document your income. Please complete all applicable sections. If all sections are not complete there may be a delay in processing your application.

### Monetary Support section:

If you are receiving help paying your bills and / or expenses from a non-household member, please list their name(s) and phone number(s) below, also include a signed statement from that person(s). The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If more than one person is paying expenses, have him/her submit a separate signed statement as well and provide their name(s), phone number(s) and address(es) below.

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

### Explain how the following expenses are paid (Write N/A to any that do not apply):

Bill	Monthly Amount	Gift / Loan (if Other, please explain)		
Rent/Mortgage	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Food	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Gas	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Electric	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Phone/Cell	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Car Payment/Insurance	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Cable/Internet	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Personal Expenses	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Other Expenses	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____

Does your household receive any of the following?	Yes or No	Amount
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.		\$

### Income Comments Section


By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Self-Employment Income and Expense Form

Examples of self-employment include: Owning your own business, rental income, baby-sitting, day care, home party sales, etc.

If you do not file a Form 1040 with the IRS, you must provide an **IRS Verification of Non-Filing Letter** (if applicable), along with this completed form.

Name of Self-Employed Person: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Itemized Business Income			Itemized Business Expenses		
Date	Source	Amount	Date	Source	Amount
<b>12-month Income Total</b>			<b>12-Month Expense Total</b>		
<b>Total Business Income (Income minus Expenses):</b>					

Attach additional pages as necessary.

I certify under penalty of perjury that this income and expenditure information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Employment Verification Form

Local Delegate Agency Contact Information:

If pay stubs are not available, the customer's employer must complete the Employment Verification Form.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name (please print): \_\_\_\_\_

**\*\*To be completed by the Employer Only\*\***

Please complete the below information, sign and return to the agency listed above. Your assistance is appreciated.

Date employment began: \_\_\_\_\_ Date first paycheck issued: \_\_\_\_\_

Date employment ended (if applicable): \_\_\_\_\_

Date last paycheck was issued: \_\_\_\_\_ Gross amount of last pay: \_\_\_\_\_

Provide the information below for the last 30 days from the date above or attach a copy of pay stubs.

Date issued:	Gross pay amount:	Medical Deductions:

Employer Address: \_\_\_\_\_

Employer Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name (print): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

