



# Household Member Income Declaration

*\* Every HH member 18+ self-employed, unemployed, or receiving unearned income must fill this out, sign in ink and date, or provide the same information written on a piece of paper, signed and dated. NOT TO BE USED FOR EMPLOYED HH MEMBERS-PAYSTUBS MUST BE PROVIDED FOR THEM*

Print Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I am:  Self-Employed  Unemployed  Zero Income  Unearned Income

The number of people who live in my household is: \_\_\_\_\_

The date of my last paycheck OF MY OWN from a job was: (mm/dd/yy): \_\_\_\_\_

Self- Employed: My total gross income (Income - Expenses) for the past 30 days was: \_\_\_\_\_

***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:

**HOUSING is paid by:**  
\_\_\_\_\_

**FOOD is paid by:**  
\_\_\_\_\_

**UTILITIES are paid by:**  
\_\_\_\_\_

**TRANSPORTATION - gas/car payment/insurance paid by:**  
\_\_\_\_\_

**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