

DECLARATION OF HOUSEHOLD INCOME

Mid-Columbia Community Action Council

312 E 4th Street/P.O. Box 1969
The Dalles, OR 97058
541-298-5131

606 State Street, # 1B
Hood River, OR 97031
541-386-4027

Applicant's Name: _____ Time period covered: ___/___/___ to ___/___/___

This form is to be used for:

- Zero income applicants and household members ages 18 and over, except for children who are full-time high school students.
- Regular informal payments received (such as informal child support agreement)
- Other self-declared income or benefits

Name: _____ Relationship to applicant: _____
Name: _____ Relationship to applicant: _____
Name: _____ Relationship to applicant: _____

Did anyone listed above received any of the following?

YES NO

Cash payment

If yes; Amount of payment \$ _____

Name and phone number of employer: _____

Financial support for three consecutive months (from someone outside the household)

If yes; Amount of support \$ _____

Name and phone number of person providing the support: _____

Other informal income

If yes; Amount of income \$ _____

Source of your informal income: _____

How do you pay rent/mortgage? _____

(If additional space is needed, please provide information on a separate piece of paper. If you claim savings, you may be required to produce bank statements. If you state loans, you may be required to produce documentation)

How do you pay for food? _____

How do you pay for utilities? _____

How do you pay for any other household expense or personal items? _____

If you have NO income how long have you had zero income? _____

What was the source of your last income? _____

(If employment, please list employer and last date of employment)

Child Support

Child's name: _____ \$ _____ Child's name: _____ \$ _____

Child's name: _____ \$ _____ Child's name: _____ \$ _____

I declare, under penalty of perjury, that the information I provided to complete this application is true and correct.

Signature: _____ Date: _____