



Community Action Program East Central Oregon
Serving Umatilla • Morrow • Gilliam • Wheeler Counties

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DECLARATION OF HOUSEHOLD INCOME

Name: _____ Relationship to Applicant: _____

Applicant name (if different): _____

Please circle all of the following that apply. Do you receive any of the following?

- | | | |
|----------------------------|-------------------------------|---------------------------|
| Y or N TANF (Cash Grant) | Y or N Alimony | Y or N Pension |
| Y or N Child support | Y or N Workman's Comp | Y or N Veteran's benefits |
| Y or N Social Security/SSI | Y or N Unemployment benefits | Y or N Work Study |
| Y or N Odd Jobs | Y or N Recycle bottles & cans | Y or N Family/Friend help |

- If you have NO income, how long have you been off work/ laid off? _____
- Have you received any money in the past month? If yes how much? \$_____ For 3 months or longer
- What was the source of the money you received? _____

Mortgage/Rent/Space Rent \$_____ W/S/G \$_____ Phone \$_____

Charter/Dish/Direct TV \$_____ Utilities \$_____ Internet \$_____

Auto Insurance \$_____ Auto Payment \$_____

- How do you pay for your rent/mortgage? _____
- If someone pays your rent/mortgage/HH expenses, how many months have they been helping you? _____
- If you don't receive food stamps, how do you pay for food? _____
- How do you pay for Non-Food items? _____

Intake Comments: _____

By signing this form, I am certifying that the information stated is true and accurate and that CAPECO can access my Food Stamps information to verify income and identification. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature

Date

In accordance with Federal law, this institution does not discriminate on the basis of race, color, national origin, gender, religion, age disability, political belief, sexual orientation, and marital or family status. CAPECO is an equal opportunity provider