



Oregon Coast Community Action

Feed • House • Warm • Educate

DECLARATION OF PERSONAL INCOME

This form is to be used for:

- 18 and older applicants or household members having no income
- Receiving regular payments
(Example: funds through an informal child-support agreement)
- Receiving other income or benefits that qualify as income for Energy/Housing/Dental assistance
(Example: odd jobs or cash assistance from friends or family)

COMPLETE THIS FORM AND ATTACH A COPY OF YOUR 3 PAGE FOOD STAMP PRINT OUT

Name: _____

Relationship to Applicant: _____

Applicant Name (if different): _____

SECTION 1-OTHER SOURCE OF INCOME

Please check all of the following that apply. Do you receive income from the following?

Odd Jobs Family or Friends Local Churches Child Care Child Support

Other (Please explain): _____

SECTION 2-INCOME

If you have no income, how long have you had a zero income? _____

How much money have you received in the last 90 days? _____

Last 30 Days \$ _____ 2 Month Ago \$ _____ 3 Months Ago \$ _____

SECTION 3-RENT, FOOD, & UTILITIES

How do you pay for your rent? _____

Do you have a Section 8 Voucher? Yes No Do you live in low-income housing? Yes No

How do you pay for food? _____

How do you pay for your utilities? _____

I certify that the information is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of denial of service now and in the future and prosecution if I give false information that will result in my receipt of Energy/Housing/Dental services for which I am not eligible.

Signature: _____ Date: _____