



Self-Declaration of Income Worksheet

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	Select One	\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)	Select One	\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.	Select One	\$

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 Form

John R. Kasich, Governor David Goodman, Director

Examples of self-employment include: baby-sitting or daycare, home party sales, owning your own business and rental income.

Please provide a copy of your most recent IRS Wage and Income Transcript and Record of Account Transcript tax forms supporting self-employment or partnerships.

Your total 12-month self-employment income, less allowable deductions, and any other earned and unearned income, will be divided by 12 to arrive at a monthly average. Attach additional pages as necessary.

If you have computerized records, you may provide a copy of your ledger documenting your business-related income and expenses for the previous 12-month period. Please sign and date the ledger. You may be asked to provide additional documentation such as: copies of ledger books, trip tickets or letters from people who have paid you.

Name of Self-Employed Person: _____

Name of Business: _____

Type of Business: _____

Business Address: _____

Itemized Business Income		
Date	Source	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
12-month Income Total		0

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: _____