

Types of Income Required

- Income documentation for everyone in the household over 18 years of age: 30 days of Paystubs (name needs to be on the paystub and the gross amount.
- SNAP (*if received- name needs to be on document*)
- TANIF (*if received- name needs to be on document*)
- Child Support documentation (*if received- name needs to be on document*)
- Social Security Award Letter and or Social Security Disability Income Award letter for 2022 benefits (*if received- name needs to be on document*)
- Self-Declaration of Income Document if not worked in the last 30 days. Each person needs to provide a Self-Declaration form from anyone that has helped pay bills. Must be signed by the person helping.
- Copy of 2021 1040 if taxes were filed.
- **If no income** – and you received any stimulus checks, we will need a bank statement showing your name, checks received, date and the amounts of each check. You can also find this on www.irs.gov.
- **Additional documents may be required during the application process with your Case Manager.**



Self-Declaration of Income Support

Applicant Information:

First Name	Last Name	Telephone Number (include area code)
Address		

If you have no other way to document your income and/or household situation, please complete all sections below. An incomplete worksheet may delay the processing of your application.

Monthly Household Income Amount:	\$	Annual Household Income:	\$
----------------------------------	----	--------------------------	----

Describe how you have been able to pay your bills, including food, shelter, clothing etc.:

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member, please list their name(s), address, and phone number(s) below. If you have a note from the person providing assistance, please include the signed and dated note with your application. If additional space is required (you have more than one person assisting you) use the back of this form to list their information and have them provide a signed and dated notes, if available.

First Name	Last Name	Telephone Number (include area code)
Address		
How much is given: \$	How Often: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Paid to me <input type="checkbox"/> Paid to bill directly

Does your household receive any of the following?	Yes or No	Amount per Month
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		\$

Describe how your household was financially impacted by COVID-19:

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct. I further certify that my household is experiencing homelessness or housing instability.

Signature: _____

Date: _____

Verified by: _____

Date: _____



Self-Declaration of Income Support

Applicant Information:

First Name	Last Name	Telephone Number (include area code)
Address		

If you have no other way to document your income and/or household situation, please complete all sections below. An incomplete worksheet may delay the processing of your application.

Monthly Household Income Amount:	\$	Annual Household Income:	\$
----------------------------------	----	--------------------------	----

Describe how you have been able to pay your bills, including food, shelter, clothing etc.:

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member, please list their name(s), address, and phone number(s) below. If you have a note from the person providing assistance, please include the signed and dated note with your application. If additional space is required (you have more than one person assisting you) use the back of this form to list their information and have them provide a signed and dated notes, if available.

First Name	Last Name	Telephone Number (include area code)
Address		
How much is given: \$	How Often: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Paid to me <input type="checkbox"/> Paid to bill directly

Does your household receive any of the following?	Yes or No	Amount per Month
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		\$

Describe how your household was financially impacted by COVID-19:

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct. I further certify that my household is experiencing homelessness or housing instability.

Signature: _____

Date: _____

Verified by: _____

Date: _____

Appendix VI: Employment Verification

Employment Verification Form

Employee Name: _____ Date: _____

Occupation: _____

Business Name (please print): _____

Employee Signature: _____

If pay stubs are not available, the client's employer must complete the box below.

Please submit information to local Energy Assistance Provider:

****To be completed by the Employer Only****

Please complete the below information, sign and return to the agency listed above. Your assistance is appreciated.

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if applicable): _____

Date last paycheck was issued: _____ Gross amount of last pay: _____

Provide the information below for the last 30 days, if providing 12 months of employment attach a separate document with that information.

Date paycheck issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:

Employer Address: _____

Employer Name (print): _____

Contact Phone Number: _____

Employer Signature (required): _____ Date: _____

Appendix V: Self-Employment Income and Expense Form

Self-Employment Income and Expense Form

Failure to complete all sections below, may delay the processing of your application.

Examples of self-employment include: Owning your own business, babysitting, day care, home party sales, landlord, odd jobs, rideshare drivers, Ohio Electronic Child Care, selling items on eBay or similar platform, etc.

If you do not file a Form 1040 with the IRS, you must provide an **IRS Verification of Non-Filing Letter** (if applicable), along with this completed form.

Name of Self-Employed Person: _____

Name of Business: _____

Type of Business: _____

Business Address: _____

Itemized Business Income			Itemized Business Expenses		
Date	Source	Amount	Date	Source	Amount
12-month Income Total:			12-Month Expense Total:		
Total Business Income (Income minus Expenses):					

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: _____

Appendix VII: Seasonal Employment Verification

Seasonal Employment Verification Form

Seasonal employees are required to provide **12 months of income documentation**. If pay stubs are not available, the employer **must** complete the information below.

Household members who work on a 12-month contract but will be paid over a period of less than 12 months or are **employees** hired into a position for a short term. They are mostly part-time or temporary workers that help out with increased work demands or **seasonal** work that arise in different industries.

Local Energy Assistance Provider Contact Information:

Employee Name: _____ Date: _____

Employee Signature: _____

Occupation: _____

Business Name (please print): _____

****To be completed by the Employer Only****

Please complete the below information, sign and return to the agency listed above.
Your assistance is appreciated.

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if applicable): _____

Date last paycheck was issued: _____ Gross amount of last pay: _____

Provide the information below for the last 12-months from the date above or attach a separate document to this form.

Date issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:

Employer Address: _____

Employer Signature (required): _____ Date: _____

Employer Name (print): _____ Contact Phone Number: _____