

# Types of Income Required

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**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*)
- SS/SSI/ SSDI Award Letter for 2023 benefits (*if received- name needs to be on document*)
- **If no income:** Complete Self-Declaration of Income Document included in application if not worked in the last 30 days. **Each person 18 and older will need to provide a Self-Declaration form if no income claimed.** If assistance has been received to pay bills, a letter must be signed by the person helping to include dates, amounts and what was paid.
- Copy of 2022 1040 if taxes were filed.



# 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:	\$
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*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 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 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: \_\_\_\_\_