WCCS
WARREN COUNTY
Community Services Inc.

Self-declaration of Income Worksheet

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

Monetary Support section:
If you are receiving help paying your bills and /or expenses from a non-household member, include a signed and dated statement from that person(s) that has their name (s), address, and phone number (s). The statement must show how much money is provided, how often, and if the money is given to you or paid directly to your creditors.

Does your household receive any of the following?	**Yes or No**	**Amount**
Supplemental Nutrition Assistance Program (SNAP)		**$**
Temporary Assistance for Needy Families (TANF)		**$**
Rental Assistance (i.e., Section 8, HUD, Metropolitan Housing)		**$**
Utility Allowance (HUD)-Please note if this is paid directly to the utility companies.		**$**

Explain how the following expenses are paid (Select N/A for any that do not apply):

Bill	**Monthly Amount**	**Gift/Loan/ (if Other, please explain)**		
Rent/Mortgage	$	□ N/A	□ Gift/Loan	□ Other:
Food	$	□ N/A	□ Gift/Loan	□ Other:
Gas	$	□ N/A	□ Gift/Loan	□ Other:
Electric	$	□ N/A	□ Gift/Loan	□ Other:
Phone/Cell	$	□ N/A	□ Gift/Loan	□ Other:
Car Payment/Insurance	$	□ N/A	□ Gift/Loan	□ Other:
Cable/Internet	$	□ N/A	□ Gift/Loan	□ Other:
Personal Expenses	$	□ N/A	□ Gift/Loan	□ Other:
Bulk Fuels (i.e., propane, fuel oil/coal)	$	□ N/A	□ Gift/Loan	□ Other:
Other expenses	$	□ N/A	□ Gift/Loan	□ Other:

Income Comments Section:

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Signature: _____ **Date:**_____