

DECLARATION OF HOUSEHOLD INCOME
EMERGENCY RENT ASSISTANCE
PROGRAM YEAR 2024-2025

This form is to be used for:

- Regular informal payments (such as informal child support)
- Other self-declared income or benefits (such as odd jobs, donating blood or plasma, pop can/bottle returns, etc.)

Primary Applicant Name: _____

Please fill in your self-declared income and source for each month.

	Name	Month	Amount Claiming	Source
Person 1				
Person 2				
Person 3				
Person 4				

I have read the list of examples of income, and I certify that the information stated above is true and accurate to the best of my knowledge.
By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature

Date



SELF EMPLOYMENT WORKSHEET EMERGENCY RENT ASSISTANCE PROGRAM 2024-2025

Business Name _____

Business phone number _____

Applicant's Name: _____

Period(s) Covered _____ to _____ Monthly Annually

Gross Receipts or Sales.....\$ _____

Business related expenses for period covered..... (MINUS) \$ _____

Net Income.....\$ _____

I certify that the information stated is true and accurate to the best of my knowledge. By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature

Date



ZERO INCOME STATEMENT EMERGENCY RENT ASSISTANCE PROGRAM YEAR 2024-2025

Primary Applicant Name: _____

Please explain how you (or your household) have paid for all of your living expenses when you household has had no income or not enough income. If you have borrowed money, write that. If you have made arrangements with your landlord or utility company, please write that. If you have not been able to pay, please write that.

Client 1 claiming zero income: _____

How did you buy Food? _____

How did you pay your Rent? _____

How did you pay your Bills or other Utilities? _____

When was the last time **client claiming zero income** received any income? Date: _____

From where, or from whom, did you receive this income? _____

Client 2 claiming zero income: _____

How did you buy Food? _____

How did you pay your Rent? _____

How did you pay your Bills or other Utilities? _____

When was the last time **client claiming zero income** received any income? Date: _____

From where, or from whom, did you receive this income? _____

I have read the list of examples of income, and I certify that the information stated above is true and accurate to the best of my knowledge. By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature

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