DECLARATION OF HOUSEHOLD INCOME

915 SW 3RD Ave, Ontario, Oregon 9714 Phone: (541) 889-9555 Fax: (541 889-0768

This form **MUST** be used for:

- **Household members (age 18 and over) who have NO income.**
- **Household members who have occasional irregular income such as mowing lawns, childcare, collecting cans/bottles, etc. (odd jobs)**
- **Household members whose income is from an informal child support agreement or alimony.**
- **Any miscellaneous income not reported elsewhere.**
- **Self-declared income**

Applicant Name (please print:) _____

Please provide income information for **the previous calendar month**. Example If you apply in December, you need November's income. Income for the previous calendar month: _____(Month)

If there was a period of no income within the calendar month, provide dates: _____ /____ /____ **TO** ____ /____/____
Month Day Year Month Day Year

Please fill in **EVERY** adult's name that has/had **NO** income or self-declared income **and** source of income for each household member (**age 18 and over**:)

Name	Amount	Source if applicable

Is anyone **18** and **currently** enrolled in high school, if **Yes:** Who? _____

If you have no income, how long have you had a zero income? _____

How is the rent paid? _____

How is food paid for? _____

How are utilities paid for? _____

If paying with savings, how much do you have left? $_____

What was the source of the savings? _____

I certify that the information contained herein is accurate and true to the best of my knowledge. If I have intentionally falsified any of this information, I understand that I may be liable to Oregon Housing and Community Services (OHCS) and could be fined as much as $10,000 and/or imprisoned for as many as (5) years.

Applicant Signature: _____ Date: _____