

Household Income Read questions carefully! Documentation must be provided and must be less than 60 days old.

Are any of these classified as **disabled**: Does not Apply Head of Household Spouse Co-Head

Any adult in a **Public Housing unit & NOT working, MUST** provide proof of current registration with **LA Job Works**. Elderly or disabled excluded

Income is money or contributions that benefit the family. Including but not limited to: Employment, Unemployment benefits, Workman's Comp, SSI, Social Security, Disability payments OTHER than SS/SSI, Alimony, Child Support, FITAP, Retirement/Pensions, VA benefits, or any Voluntary contributions to your household or any bills paid on the family's behalf by someone outside the household.

Check all income sources received by the household. Explain all answers in table below.

- Employed** (full/part time job/s) Receiving **Unemployment** or **Workman's Comp** **Work Study / Job Training Program**
 Receiving **SS / SSI** **FINANCIAL AID** for Education Provide fee sheet **AFDC, TANF, FITAP or KINSHIP**
 Receiving **Child Support** Are **SELF-EMPLOYED** **FOOD STAMPS**
 Receiving **Retirement/Pensions/Disability payments** NOT from Social Security or /SSI
 Receiving **Monetary Contributions** from Family and/or friends, voluntary child support, bills paid by person outside household, etc.

List Number of who gets income	List details of all marked INCOME / BENEFIT(s) If anyone is working list the; Company Name & phone, email or fax number. If employed - Provide last 5 paystubs	Hourly Wage	List # of Hours Worked each week	List All MONTHLY Amounts of Income Received that are NOT from Job wages
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

- No Yes**
- Anyone **started a new job since last Personal Declaration**, who & date started: _____
 Is any employment **seasonal** (such as a 9-month school year)? No Yes If YES, are Unemployment payments received during Summer? No Yes
 Was anyone **Laid Off, Quit or Fired** since last Personal Declaration; No Yes, list who, when & the employer/company: _____

Assets of Household Members - You MUST provide proof / documentation of checked items.

4. Has any household member has sold, bought or inherited real estate/property in last 12 months. Yes No
 5. Does any household member have a; **Bank Account**, Life or Burial Insurance, Stocks/Bonds, Trusts, Yes No
 CDs, IRAs, Real Estate, Boat, Motorhome or Mobile home, or **total assets of \$5,000 or more**.
 6. Has any household member received a **10-99 form, W-2 Form** and/or filed **an Income Tax Return** this year Yes No

Monthly Expenses DO NOT LEAVE ANY BLANK QUESTIONS. Use last month's amounts. Mark "N/A" if it does not apply.

Rent	\$ _____	Phone(s)	\$ _____	Auto Insurance	\$ _____	Life / Burial Insurance	\$ _____
Elect/Water	\$ _____	Internet/Cable	\$ _____	Auto Payment	\$ _____	Beauty / Barber / Nail Svcs	\$ _____
Gas	\$ _____	Misc. Rentals	\$ _____	Loans	\$ _____	Renter's Insurance	\$ _____

7. **Vehicles:** How many vehicles does **your** household own? _____ Do you regularly use vehicles registered to others? No Yes
 List Yr/Make/Model of all vehicles owned / regularly used: _____

8. I pay for out-of pocket Child or Dependent Care (fill out below) I don't pay for care (skip down to Medical Expenses)

List Names/Ages under care; _____

Provider Name; _____ Phone _____ Monthly Amount Paid \$ _____

Street Address; _____ City _____ ZIP _____

Does anyone help pay for this? No Yes, List name & address _____

MEDICAL EXPENSES Check appropriate box(es) below if any of these are classified as **disabled** or are **age 62 or older**;

- Does Not Apply Head of Household Spouse Co-Head

If the **Head of Household, Spouse or Co-Head** were checked as **disabled** or **age 62 and older**, mark any statements below that apply;

- I or a family member pay for **non-reimbursed** prescriptions - and have included a **pharmacy print out**
 I or a family member pay for a **non-reimbursed** prescription drug plan - and have included **proof of cost**
 I or a family member have other **non-reimbursed** medical expenses - and have included **proof of payments**