Community Action Wayne/Medina
Administrative Offices: 905 Pittsburgh Avenue, Wooster Ohio 44691   330.264.8677   FAX 330.264.5170

Medina Office: 232 Northland Drive (lower level), Medina Ohio 44256   330.723.2229   FAX 330.723.5418

Lodi Office: 110 Highland Drive, Lodi Ohio 44254   330.661.1027   FAX 330.264.0391

Appendix VI: 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(s), include a signed and dated statement from the 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) and/or provide past due bills documenting non-payment.

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 the information submitted on this worksheet is true and correct.

Signature: _____   **Date:** _____