

PLEASE PROVIDE THE FOLLOWING WITH YOUR PERSONAL DECLARATION

INFORMATION REGARDING INCOME & ASSETS

1. **Employment Income** For every employed adult household member, please provide the following information:

- Name, address, and telephone number of employer.
- Three (3) most current pay stubs.
- Information regarding any expected changes in the pay rate or in the number of hours expected to work during the next twelve (12) months.
- Information regarding any other type of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc., during the next twelve (12) months.
- Most recent W2(s), Federal, and State Income Tax Forms.

2. **Benefit & Support Income** Please provide the names, addresses, and telephone numbers of the following income sources which any household members receive benefits from:

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| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Disability Income | <input type="checkbox"/> Regular Support Received from Family/Friends |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Cal-Works (AFDC) |
| <input type="checkbox"/> Pension | <input type="checkbox"/> General Relief |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Supplemental Social Security (SSI) | <input type="checkbox"/> Any Other Public Assistance |
| <input type="checkbox"/> Child Support | |

In addition, please provide recent documentation indicating the amount(s) received (i.e., **Notice of Action Statement, Benefits Award Letter, or a Statement from the Agency**).

3. **Students** For each household member attending school, please provide a recent letter from the school or educational institution indicating the school address, telephone number, student status (full or part time), and the student's address.

4. **Bank/Credit Union Accounts, Checking/Saving Accounts, Christmas Clubs, Certificates of Deposit (CDs), IRAs & Keogh Accounts** Please provide the institution name, address, telephone number, and account number for each account, **and the last bank or credit union account statement(s)**.

5. **Real Estate** Please provide documentation regarding the current value of any property you own. If you rent the property, provide the address and tax documents, which indicate how much income you receive and what expenses you have for said property. (Please make sure to bring last year's Income Tax Return including your Schedule E Form).

6. **Stocks, Bonds, Dividends, Trusts & Any Other Investments** Please provide the institution's name, address, telephone number, account numbers, statements on value of investments, and any information regarding income from any investments.

7. **Life Insurance Policies** Please provide the policy along with the name, address, and telephone number of the life insurance company.

8. **Educational Grants & Scholarships** If any member of the household receives any educational grants or scholarships, provide documentation indicating the grant and/or scholarship amounts. Please provide the name, address, and telephone numbers of the institutions providing the assistance.
9. **Other Income** For any other regular income the household receives; provide the name, address, and telephone number of the source of the income and the amount received on a monthly basis.
10. **Assets** If you have sold or given away any assets in the past two (2) years (such as giving property or any amount of money to another family member), provide documentation you have regarding those assets.
11. **Special Needs Income** If any household member has a disability, please provide documentation of any income received due to their disability.

INFORMATION REGARDING EXPENSES

Please provide documentation regarding any of the following expenses you expect to have during the next twelve (12) months.

1. **Child Care Expenses** Please provide the last three (3) cancelled checks or money order receipts for the care of a minor [twelve (12) years of age or younger] which allows a household member to work or attend school. In addition, please provide the name, address, and telephone number of the childcare provider. (**Note:** As a requirement, Child Care Costs must have been claimed in the last Income Tax Return in order to receive credit for this expense).
2. **Handicap Assistance Expenses** Provide the last three (3) cancelled checks or money order receipts for the care of handicapped or disabled family member, which allows another family member to work or attend school. In addition, provide the name, address, and telephone numbers of the provider.

INFORMATION REGARDING MEDICAL EXPENSES

FOR HOUSEHOLDS IN WHICH THE **HEAD OR SPOUSE** IS AT LEAST **62 YEARS OF AGE OR DISABLED**:

1. **Prescriptions** Please provide a recent statement or printout (dated within 30 days) from your Pharmacy showing the amounts paid out-of-pocket for any prescriptions in the last twelve (12) months. In addition, please provide the name, address, and telephone numbers of all Pharmacies used.
2. **Outstanding Doctor Bills** Please provide a statement or invoice for any outstanding medical bills (including any dental, vision, or hospital bills, etc.). The statement must include the total balance owed and monthly billing amounts. In addition, please provide the name, address, and telephone numbers of the doctor's offices or medical facilities.
3. **Medical Premiums** Please provide the billing statement or policy, which states the amount charged for medical premiums. This includes both private insurance and Medicare amounts deducted from Social Security, Pension, employment, or any other income received. If you have private insurance, provide the name, address, and telephone number of the insurance company.
4. **Over-the-Counter Drugs** Please provide receipts for any over-the-counter drugs (i.e., aspirin, eye drops, Ensure, vitamins, etc.) which a doctor has recommended a household member should take on a regular basis.

SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE FEDERAL GOVERNMENT AS TO ANY MATTER WITHIN THEIR JURISDICTION.