



Mark B. Lawson
President/CEO
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Board Chair

CSBG PROGRAMS

[CAREER PATHWAYS]

Income Self-Declaration Worksheet

Name: _____ Date: _____

Address: _____ Phone: _____
Street City Zip

If you are receiving assistance with paying your bills and / or expenses from a non-household member, please list their name, address and phone number below. If one or more person is paying expenses, have him/her submit a separate statement.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please state the amount of your monthly expenses. (Write N/A to any that do not apply)

Bill	Monthly Amount	Gift / Loan/ Paid Directly to creditor	
Rent / Mortgage / Taxes	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor
Food	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor
Gas / Electric	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor
Water	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor
Phone	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor
Car Payment / Insurance	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor
Cable / Internet	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor
Personal Expenses	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor
Bulk Fuel	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor
Other Expenses	\$ _____	<input type="checkbox"/> Given to you	<input type="checkbox"/> Paid Directly to Creditor

Does your household receive any of the following?

Food Stamps	<input type="checkbox"/> Yes Amount \$ _____	<input type="checkbox"/> No
Rental Assistance such as subsidized housing	<input type="checkbox"/> Yes Amount \$ _____	<input type="checkbox"/> No
Utility Allowance	<input type="checkbox"/> Yes Amount \$ _____	<input type="checkbox"/> No

Briefly explain how you maintained your household bills and expenses within the past 30 days.

I understand that by signing this form, I authorize the Ohio Department of Development, Office of Community Services or its designated representatives, access to public assistance, social security, employment information or other records needed to verify any statements I have made.

I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Customer Signature: _____ Date: _____

Staff Signature: _____ Date: _____