

HHSP Declaration of Income Statement

Print Client Name: _____ ServicePoint #: _____

Zip Code of Last Permanent Residence: _____ City: _____ County: _____

Select One:

A This form does not apply.
 I have access to and have provided documentation of my/my household's income for the past 30 days prior to program entry in the form of _____ (documentation type).
Please attach documentation and sign the bottom of this page.

B This form does apply.
 I have no documented proof of income due to the reason(s) listed below.

(reason for no documented proof)

Please complete the next section before signing the bottom of this page.

My household consists of _____ person(s). The following household members 18 years and older have earned the following gross income during the 30-day period prior to my first date of service:

Name:	Gross Amount:	
	, Self	\$
_____		\$
_____		\$
_____		\$
_____		\$
	Total:	\$

My household's **gross annualized income** based on the **30-day period** prior to my first date of service is (30-day gross X 12 months):

I understand that in order to qualify for services, my household must be at or below 50% Area Median Income:

Fiscal Year (FY) 2014 Median Family Income = \$75,400 – Adjusted Income Limits by Household Size

Income	Person(s)							
	1	2	3	4	5	6	7	8
Very Low (30% Limits)	\$15,850	\$18,100	\$20,350	\$22,600	\$24,450	\$26,250	\$28,050	\$29,850
Low (50% Limits)	\$26,400	\$30,200	\$33,950	\$37,700	\$40,750	\$43,750	\$46,750	\$49,800
Moderate (80% Limits)	\$42,250	\$48,250	\$54,300	\$60,300	\$65,150	\$69,950	\$74,800	\$79,600

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible, and that I may be subject to prosecution for providing false or fraudulent information.

Client Signature

Date

Staff / Witness Printed Name

Staff / Witness Signature