CITY OF LONG BEACH

SELF-DECLARATION OF INCOME/ NO INCOME FORM

Participant Name: _____ **HMIS or VSP #:** _____

This form is to be completed by all adult members (aged 18 or older). This form is to be completed when Third Party Verification of Income is unable to be obtained. Income includes but is not limited to:

- ☐ The full amount of gross income earned before taxes and deductions (including commissions, tips, bonuses, fees, etc.).
- ☐ Monthly interest and dividend income from assets.
- ☐ Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- ☐ Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- ☐ Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- ☐ Lump-sum additions to family assets, such as inheritances, insurance payments, capital gains, and settlements.
- ☐ Alimony, child support, foster care payments, and gifts received from organizations or from persons not residing in the dwelling.
- ☐ All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

SELF-DECLARATION OF INCOME/NO INCOME

Choose one:

☐ I certify, under penalty of perjury, that I have **no income** of any kind

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source:_____ **Amount:**_____ **Frequency:**_____

Source:_____ **Amount:**_____ **Frequency:**_____

I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of participation in the Program.

Printed Name: _____

Participant Signature:_____ **Date Completed:** _____

STAFF VERIFICATION

I understand that third-party verification is the preferred method of certifying income. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

_____

_____

_____

Staff Name:_____ **Staff Title:** _____

Staff Signature:_____ **Date Completed:** _____