

# Declaration of Personal Income (DPI)

This form is used for the following:

- Applicants and Household Members 18 and over with **ZERO** income;
- Informal but Regular Payments Received in Cash;
- Monetary Benefits or Other Self-Declared Income (money received that you may consider income). Relationship

Name of Adult or Household Member: Head of Household (if different than previous name): to Applicant:

Do you receive any of the following?: Please check all that apply.

Alimony/Spousal Support (Formal or Informal)	Social Security Benefits SSI/SSDI	Veteran's Benefits
Child Support (Formal or Informal)	TANF	Workers' Compensation
Pension/Retirement Benefits	Unemployment Benefits	Work Study

## Household Support Information- Rent, Food, Utilities & Income:

1. How much do you pay toward your rent or mortgage? <--- (check one type): \$
2. Is your rent subsidized (paid partially or in-full by someone else)? Yes or No:  
2a. If yes, for how many months have you been subsidized or receiving assistance?:
3. How do you pay for your rent (if it is **not** fully subsidized, or if you are **not** receiving assistance)?
4. How do you pay for food/groceries?:
5. How do you pay your utilities?:
6. If you have **ZERO** income, how long have you been without income?:
7. What is/was the source of your most recent income? (Currently **or** previously employed- list most recent employer, last day of employment (if applicable), and length of employment. \*You may be required to provide Pay Stubs.\*):
8. Are you currently receiving unemployment benefits? Yes or No: (\*You may be required to produce proof.\*)  
8a. If you are **not**, why?:
9. If you regularly receive any formal or informal self-declared income, what is the source of that income?:
10. How much money have you received in the last thirty (30) days?:  
\$

By signing this form, I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that I am under penalty of perjury by knowingly providing false information that results in the reception of assistance that I am not truly eligible to receive.

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Applicant/Household Member Signature

Date

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Intake Worker Signature

Date