

Mid-Willamette Valley Community Action Agency

Energy Services

PH: 503-588-9016 ext 300

1850 45th Ave

Toll Free: 1-866-299-4216

Salem, OR 97305

Fax: 503-585-8462

DECLARATION OF PERSONAL INCOME

Name: _____

Relationship to applicant: _____

Applicant name (if different): _____

Authorization number: _____

Fill in your self-declared income and source for each month received. Include backup documentation, if not available give brief description.

MONTH	AMOUNT RECEIVED	SOURCE	COMMENTS
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

If declared income is less than expenses explain how paid: _____

I certify that the information stated is true and accurate by signing this form form. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

Signature

Date

Signature of Intake worker

Date