

**Mid-Willamette Valley Community Action Agency**

**Energy Services**

**1850 45th Ave**

**Salem, OR 97305**

**PH: 503-588-9016 ext 300**

**Toll Free: 1-866-299-4216**

**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.**

<b>MONTH</b>	<b>AMOUNT RECEIVED</b>	<b>SOURCE</b>	<b>COMMENTS</b>
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**