



Mid-Willamette Valley
COMMUNITY ACTION
Energy Services

1850 45th Ave NE, Ste. 101, Salem OR 97305
 Phone: (503) 588-9016
 Fax: (503) 585-8462
 Email: energy@mwvcaa.org

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:

By signing this form, I certify that the information provided is accurate. I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

 Signature

 Energy Services Authorized Signature

 Date

 Date