



PHONE: FAX:

OFFICE USE ONLY	
FORM #:	412
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

## INCOME INFORMATION SHEET

HOUSEHOLD MEMBER INFORMATION: A separate form must be completed for each adult household member			
LAST NAME	FIRST NAME	MI	DATE OF BIRTH

A separate form must be completed for all **adult** household members (head of household, spouse, co-head, or anyone 18 years of age or older). Adults should list **ALL** sources of income, and the annual gross amounts of money received for each income source.

INCOME INFORMATION:			Annual Gross Income																																																
	Yes	No																																																	
1	<input type="checkbox"/>	<input type="checkbox"/>	I have one or more jobs (not self-employment) and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List employer information below. Complete a separate section for each employment source. <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 45%;">Name of Employer</td> <td style="width: 25%;">Name of Person to Contact</td> <td style="width: 10%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Street Address</td> <td>Phone #</td> <td></td> <td></td> </tr> <tr> <td>City/State/ZIP</td> <td>Fax # or Email</td> <td></td> <td></td> </tr> <tr> <td>Date Hired</td> <td>Hours per Week</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 45%;">Name of Employer</td> <td style="width: 25%;">Name of Person to Contact</td> <td style="width: 10%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Street Address</td> <td>Phone #</td> <td></td> <td></td> </tr> <tr> <td>City/State/ZIP</td> <td>Fax # or Email</td> <td></td> <td></td> </tr> <tr> <td>Date Hired</td> <td>Hours per Week</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 45%;">Name of Employer</td> <td style="width: 25%;">Name of Person to Contact</td> <td style="width: 10%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>Street Address</td> <td>Phone #</td> <td></td> <td></td> </tr> <tr> <td>City/State/ZIP</td> <td>Fax # or Email</td> <td></td> <td></td> </tr> <tr> <td>Date Hired</td> <td>Hours per Week</td> <td></td> <td></td> </tr> </table> \$ _____	Name of Employer	Name of Person to Contact			Street Address	Phone #			City/State/ZIP	Fax # or Email			Date Hired	Hours per Week			Name of Employer	Name of Person to Contact			Street Address	Phone #			City/State/ZIP	Fax # or Email			Date Hired	Hours per Week			Name of Employer	Name of Person to Contact			Street Address	Phone #			City/State/ZIP	Fax # or Email			Date Hired	Hours per Week		
Name of Employer	Name of Person to Contact																																																		
Street Address	Phone #																																																		
City/State/ZIP	Fax # or Email																																																		
Date Hired	Hours per Week																																																		
Name of Employer	Name of Person to Contact																																																		
Street Address	Phone #																																																		
City/State/ZIP	Fax # or Email																																																		
Date Hired	Hours per Week																																																		
Name of Employer	Name of Person to Contact																																																		
Street Address	Phone #																																																		
City/State/ZIP	Fax # or Email																																																		
Date Hired	Hours per Week																																																		
2	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (Attach signed tax returns and appropriate schedules) <b>Name of Business:</b> _____ \$ _____ (use net income from business)																																																
3	<input type="checkbox"/> *	<input type="checkbox"/>	I earn income from other sources (not already listed above), including but not limited to; online sources, video gaming, blogging, teaching/tutoring, reselling items, paid surveys, investing, rideshare services, lawn care, food delivery, caring for children or pets, farmers markets, craft bazaars, etc. <b>*If YES, explain:</b> _____ \$ _____																																																
4	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving Social Security or Supplemental Security Income: (check all that apply) <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Social Security (SSA)</td> <td style="text-align: right;">\$ _____ /month</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Income (SSI)</td> <td style="text-align: right;">\$ _____ /month</td> </tr> <tr> <td><input type="checkbox"/> Social Security Disability Insurance (SSDI)</td> <td style="text-align: right;">\$ _____ /month</td> </tr> <tr> <td><input type="checkbox"/> WA State Supplemental Payment (SSP) - <b>paid through DSHS</b></td> <td style="text-align: right;">\$ _____ /month</td> </tr> </table> \$ _____ (combined <b>annual</b> gross income)	<input type="checkbox"/> Social Security (SSA)	\$ _____ /month	<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ /month	<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$ _____ /month	<input type="checkbox"/> WA State Supplemental Payment (SSP) - <b>paid through DSHS</b>	\$ _____ /month																																								
<input type="checkbox"/> Social Security (SSA)	\$ _____ /month																																																		
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ /month																																																		
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$ _____ /month																																																		
<input type="checkbox"/> WA State Supplemental Payment (SSP) - <b>paid through DSHS</b>	\$ _____ /month																																																		

	Yes	No		Annual Gross Income
5	<input type="checkbox"/>	<input type="checkbox"/>	I receive <i>unearned</i> income paid on behalf of family members age <b>17 or under</b> (example: Social Security, trust fund disbursements, bank accounts, adoption support, etc.). Name of Member(s): _____ Type(s) of Income: _____	\$ _____
6	<input type="checkbox"/>	<input type="checkbox"/>	* I am currently receiving child support. *If <b>NO</b> and there are children in the household, are you eligible for child support, or is there a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of court-ordered child support cases: _____	\$ _____
7	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal payments.	\$ _____
8	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (TANF, ABD, RCA, and/or FIP).	\$ _____
9	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment, workers comp (L&I), or disability benefits (not SSI).	\$ _____
10	<input type="checkbox"/>	<input type="checkbox"/>	* I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits, or Veteran's Benefits (not GI Bill benefits). *If <b>YES</b> , list source of benefits below: a) _____ b) _____	\$ _____
11	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving regular/periodic assistance from family, friends, church, etc. (such as assistance paying my rent or utilities or providing food and other household goods, etc).	\$ _____
12	<input type="checkbox"/>	<input type="checkbox"/>	I receive rental income (attach signed tax return with Schedule E.)	\$ _____
13	<input type="checkbox"/>	<input type="checkbox"/>	I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)	\$ _____
14	<input type="checkbox"/>	<input type="checkbox"/>	* I am enrolled as a student at an institution of higher education and receiving financial aid (not student loans). *If <b>YES</b> , answer the questions below: Do you live with your parent(s) or guardian(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you over the age of 23 with a dependent child? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
15	<input type="checkbox"/>	<input type="checkbox"/>	* I have income or sources of income other than those listed above. *If <b>YES</b> , list type(s) below: a) _____ b) _____	\$ _____

I hereby certify that the information provided in this document is TRUE and ACCURATE. I further understand that providing false representations herein — including (but not limited to) providing misleading or incomplete information — constitutes an act of fraud and may result in the cancellation of my household's application for housing assistance, retroactive rent charges, and the termination of our lease and rental subsidy. I also understand I must report any changes in the above information to the housing office in writing. I certify I have read and understand this declaration.

Signatures must be those of the Household Member, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents.

\_\_\_\_\_  
Household Member (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number, and date below.

I certify that I have assisted the above-signed Household Member complete this document as a reasonable accommodation.

\_\_\_\_\_  
Third Party Signature

\_\_\_\_\_  
Print Third Party Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date