



Missouri Housing Development Commission
Self-Declaration of Income

Applicant Name: \_\_\_\_\_

This is to certify the income status for the above-named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
• The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
• Monthly interest and dividend income credited to an applicant's bank account and available for use.
• The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
• Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
• Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
• Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
• All basic pay, special day and allowances of a member of the armed forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section
(Required for all household members over 18 years of age):

[ ] I certify, under penalty of perjury, that I currently receive the following income and have supplied documentation if possible:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Verification

I understand that third-party verification is the preferred method of certifying income for MHTF-DR assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third-party verification using the MHTF-DR 304 Income Verification Worksheet.

Documentation of attempt made for third-party verification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit http://veteranbenefits.mo.gov or call (573) 751-3779 to learn about available resources.