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

☐ 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.