

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

Source:	Amount:	Frequency:
Source:	Amount:	Frequency:
Source:	Amount:	Frequency:
Applicant Signature:	Date:	
I certify, under penalty of perjury, th	nat I do not have any income from	any source at this time.
Applicant Signature:	Date:	

I understand that third-party verification is the preferred method of certifying income for ______assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

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 <u>http://veteranbenefits.mo.qov</u> or call (573) 751-3779 to learn about available resources.