



MHDC Community Initiatives: Self-declaration of Income

Form: MHDC 103

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.
• 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 \_\_\_\_\_ 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 http://veteranbenefits.mo.gov or call (573) 751-3779 to learn about available resources.