Emergency Solutions Grant Program (ESG)

SELF-DECLARATION OF INCOME

(Required for clients receiving Homeless Prevention assistance at program entry and every 3 months, and Rapid Re-Housing assistance at annual recertification. *Must obtain form from all adult members of the household)*

ESG Applicant Name: _____ Name of adult member of household:_____

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.
- **Income must be below 30% AMI upon entry into the ESG program**

Check only one box and complete only that section

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____

ESG Applicant/Adult Member Signature: _____ Date: _____

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

ESG Applicant/Adult Member Signature: _____ Date: _____

ESG Staff Verification

I understand that third-party verification is the preferred method of certifying income for ESG 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:

_____
_____
_____

ESG Staff Signature: _____ Date: _____