Appendix VI: Self-Declaration of Income Worksheet

If you have no other way to document your income, please complete all sections below. An incomplete worksheet may delay the processing of your application.

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member(s), include a signed and dated statement from the person(s) that has their **name(s)**, **address**, **and phone number(s)**. The statement must show **how much money is provided**, **how often**, and if the money is given to you or paid directly to your creditors.

Does your household receive any of the following?	Yes or No	Amount
Supplemental Nutrition Assistance Program (SNAP)		\$
Temporary Assistance for Needy Families (TANF)		\$
Rental Assistance (i.e., Section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies		\$

Explain how the following expenses are paid (Select N/A for any that do not apply) and/or provide past due bills documenting non-payment.

Bill	Monthly Amount	Gift/Loan (if Other, please explain)
Rent/Mortgage	\$	□ N/A □ Gift/Loan Other:
Food	\$	□ N/A □ Gift/Loan Other:
Gas	\$	□ N/A □ Gift/Loan Other:
Electric	\$	□ N/A □ Gift/Loan Other:
Phone/Cell	\$	□ N/A □ Gift/Loan Other:
Car Payment/Insurance	\$	□ N/A □ Gift/Loan Other:
Cable/Internet	\$	□ N/A □ Gift/Loan Other:
Personal Expenses	\$	□ N/A □ Gift/Loan Other:
Bulk Fuels (i.e., propane, fuel oil/coal)	\$	□ N/A □ Gift/Loan Other:
Other Expenses	\$	□ N/A □ Gift/Loan Other:

Signature:				oate:	
By signing below, I declare under true and correct.	penalty of p	perjury the info	rmation sub	mitted on tl	nisworksheet is
Income Comments Section:					
Other Expenses	\$	□ N/A	☐ Gift/Loan	Other:	
Bulk Fuels (i.e., propane, fuel oil/coal)	\$	□ N/A	☐ Gift/Loan	Other:	
Personal Expenses	\$	□ N/A	☐ Gift/Loan	Other:	
Capte/Internet	٦	11// 1	U GIII/LUaii	Other.	

Appendix VII: Self-Employment Income and Expense Form

Self-Employment Income and Expense Form

Failure to complete all sections below, may delay the processing of your application.

Examples of self-employment include owning your own business, babysitting, daycare, home party sales, landlord, odd jobs, rideshare drivers, Ohio Electronic Child Care, selling items on eBay or similar platform, etc.

If you do not file a Form 1040 with the IRS, you must provide an IRS Verification of Non-Filing Letter, along with this completed form. Name of Self-Employed Person: Name of Business: Type of Business: ____ Business Address: ____ **Itemized Business Income Itemized Business Expenses** Date Source Amount Date Source Amount 12-month Income Total: 12-Month Expense Total: **Total Business Income (Income minus Expenses):** Attach additional pages as necessary. I certify under penalty of perjury, that this income and expenditure information is true and correct to the best of my knowledge. Signature: Date: _____

Appendix VIII: Employment Verification

Employment Verification Form

Employee Name: _____ Date: _____

Occupation:				
Business Name (please print):				
Employee Signature:				
If pay stubs are not ava	ilable, the client's employer must	complete the box below.		
Please submit information to local	Energy Assistance Provider:			
T	o be completed by the Employer O	nly		
Please complete the below information, sign and return to the agency listed above. Your assistance is appreciated.				
Date employment began:	Date employment began:Date first paycheck issued:			
Date employment ended (if application)	able):			
Date last paycheck was issued:	Date last paycheck was issued:Gross amount of last pay:			
Provide the information below for the last 30 days, if providing 12 months of employment attach a separate document with that information.				
Date paycheck issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:		
Employer Address:				
Employer Name (print):				
Contact Phone Number:				
Employer Signature (required):Date:				

Appendix IX: Seasonal Employment Verification

Local Energy Assistance Provider Contact Information:

Seasonal Employment Verification Form

Seasonal employees are required to provide **12 months of income documentation**. If pay stubs are not available, the employer **must** complete the information below.

Household members who work on a 12-month contract but will be paid over a period of less than 12 months or are **employees** hired into a position for a short term. They are mostly part-time or temporary workers helping with increased work demands or **seasonal** work arising in different industries.

Employee Name:		Date:		
Employee Signature:				
Occupation:		_		
**	To be completed by the Employer On	ıly**		
Please complete the b	pelow information, sign and return to t Your assistance is appreciated.	he agency listed above.		
Date employment began:	Date employment began:Date first paycheck issued:			
Date employment ended (if applicable)	:			
Date last paycheck was issued:Gross amount of last pay:				
Provide the information below for the last 12 months from the date above or attach a separatedocument to this form.				
Date issued:	Gross pay amount:	Medical/Child Support/Dental/ Vision/HSA Deductions:		
Employer Name (print):				
Employer Address:				
Employer Signature (required):		Date:		
Employer Name (print):Contact Phone Number:				