



HOME-ARP RENT PROGRAM DECLARATION OF INCOME

Applicant Name: _____

Applicant Address: _____

Household Member completing this declaration: _____

Please complete one form for every adult (over age 18) household member and all adults (over age 18) shown on the lease agreement.

I do not have any income from any source at this time and I do not anticipate receiving any income or public benefits within the next 12 months; **OR**

I have income from the following sources (attach verification documentation (i.e., paystubs, notice of award, notice of public benefits, etc.) behind this form):

Source of Income	Frequency of Payment (annually, quarterly, monthly, bi-weekly (every two weeks), bi-monthly (twice a month), or weekly)	Amount per Period
Gross wages from employment before taxes and deductions		
Net income from self-employment		
Payment from Social Security, annuities, retirement funds, pensions, disability, and other periodic payments		
Payments in lieu of earnings such as unemployment		
Income from public benefits such as CalWorks, General Relief, or TANF (excluding food stamps and WIC)		
Alimony, child support, and foster care payments		
Regular periodic payments from persons no residing in the dwelling		

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND ATTACHMENTS IS TRUE AND CORRECT

Signature of household member completing this form

Date