

PLEASE SUBMIT ALL INFORMATION THAT APPLIES TO YOUR COMBINED HOUSEHOLD'S INCOME:

A. Does your household have members over the age of 18 who receive earned and/or unearned income?

Yes [] *If yes, what is your **total monthly household income** \$ _____ ?* Indicate the income source below with the amount received in the past 30 days (attach proof of income):

- | | |
|--|------------------------------------|
| 1. \$ _____ Wages | 9. \$ _____ Unemployment |
| 2. \$ _____ SS (Social Security) | 10. \$ _____ Alimony/Child Support |
| 3. \$ _____ SSI/SSDA/SSA | 11. \$ _____ Workers Compensation |
| 4. \$ _____ DHS Cash Benefits (TANF) | 12. \$ _____ Military Allotment |
| 5. \$ _____ General Assistance | 13. \$ _____ Per Capita Payments |
| 6. \$ _____ Veterans Admin. Benefits | 14. \$ _____ Other: _____ |
| 7. \$ _____ Pensions/Retirement Benefits | 15. \$ _____ Other: _____ |
| 8. \$ _____ Investment/Property Income | 16. \$ _____ Other: _____ |

B. Does your household include adults who are self-employed or who are business owners?

No [] Yes [] *If yes, please fill out the self-employment affidavit attached. [\$ _____] Amount Earned*

C. Are there any adult household members out of work?

No [] Yes [] *If yes, please complete the attached zero income form for all adults without income.*

D. Does your household receive DHS FOOD ASSISTANCE or COMMODITY FOODS?

No [] Yes [] *If yes, include verification of services.*

Under penalties of perjury, I swear or affirm that this application has been examined by or read to me. I authorize the release of information to any agency for the evaluation of the CAP application. I certify that all of the information in this application is true, accurate, and complete to the best of my knowledge. I understand that giving false or incomplete information may result in a denial of my application.

Head of Household Signature

Date

Adult Household Signature

Date

Adult Household Signature

Date

Adult Household Signature

Date

Income Zero Income Affidavit

Applicant(s) Name: _____

I hereby certify that any person in my household does not receive income from any of the following sources:

- a. Wages from employment (including tips, commissions, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social security payments, pensions, annuities, retirement funds, insurance policies, or death benefits;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, per capita, or gifts received;
- h. Sales from self-employment;
- i. Any other source not named above.

I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.

Signature _____ Date _____

**Include a copy of DHS award letter verifying active case status and services being received when completing this form.*

Self-Employment Affidavit

This affidavit is to be signed by any individual who is 18 years of age and over who claims on the application to be self-employed.

I am self-employed in the business of: _____

I have been self-employed in this manner since: ____/____/____

To the best of my knowledge, I estimate to earn _____

Estimated earnings are supported by: Accountant’s, bookkeeper’s statement, business receipts/check stubs schedule C and profit and loss statement other: _____

If none of the above is available, please state the reason why: _____

I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.

Signature _____ Date _____

Head of Household: _____ Household Size: _____

CSBG 125% FY2021 FEDERAL POVERTY INCOME GUIDELINES

Household Size	Annual Gross Income
1	\$21,775
2	\$27,450
3	\$33,125
4	\$38,800
5	\$43,950
6	\$49,550
7	\$55,150
8	\$54,288

For each additional household member add: \$5525.00

INCOME INFORMATION

EARNED AND UNEARNED INCOME: Starting with applicant, list all household members who received Earned and/or Unearned Income.

Name (Last/First)	Source	Annual Income	GROSS Past 30 Days	Total Annual
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
				\$
TOTAL Annual Income (Last Column)				

Income Source Codes:

- | | | | |
|-------------------------|-----------------------|---------------------------------|-----------------|
| 1. SS (Social Security) | 2. Wages | 3. SSI/SSDA/SSA/Social Security | 4. GA |
| 5. ADC/TANF/CASH | 6. Pension/Retirement | 7. Self-Employment | 8. Unemployment |
| 9. Child Support | 10. Other _____ | | |

[] APPROVED

Vendor/Company/Recipient: _____ Amount: \$ _____

Justification: _____

Account #: _____

Vendor/Company/Recipient: _____ Amount: \$ _____

Justification: _____

Account #: _____

[] DENIED

Reason: _____

Approved by: CAP Administrator

Date

If you disagree with this decision, you have a right to an appeal. Hearing process sheets can be obtained in the CAP office.