

# PROGRAM FINANCIAL DECLARATION

**please complete in full and provide copies**

Full name (please print)		Date of Birth:			
Address:		Street		City State Zip	
Cell Phone #			Work phone#		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law					
# of Dependents		Is your spouse employed? What is her monthly income?			
1) If you are <b>employed</b> , you MUST provide at least two copies of recent paystubs OR a letter from your employer indicating how much you are earning.			2) Are you <b>unemployed</b> ? If yes, tell us why AND how are you looking for employment?		
Take home pay per month		\$			

YOUR MONTHLY EXPENSES		ALL APPLICANTS HOW MUCH \$ DO YOU GET A MONTH FROM	
Rent:	\$	Unemployment	\$
Utilities:	\$	SSI - DISABILITY	\$
Food:	\$	Proof of residence at shelter	\$
Child support:	\$	Social Security benefit	\$
Child care items:	\$	Food Stamps/ CalFresh \$	\$
Cell phone bill:	\$	General relief:	\$
Car payment/maintenance:	\$	Checking account balance:	\$
Car insurance:	\$	Saving account balance:	\$
Medical bills:	\$	Cash available to you:	\$
Laundry/clothes:	\$	Worker's compensation	\$
Entertainment/eating out:	\$	Retirement:	\$
Tobacco:	\$	Other money provided by family? (provide letter):	

I, (your name) [redacted] declare under penalty of perjury under the laws of the State of California that the information provided on all pages of this form and any attached document provided is true and accurate.

Your Signature: [redacted] Date: [redacted]

**TO QUALIFY, all applicants must show copies of documents to prove their financial income level**