



Self Declaration of No / Low Income

Client Name: _____

Please explain why there has been **no or low income** in the household: _____

Your current situation today:

	Yes	No
Unemployed?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, Date unemployed	_____	
Last Place of Employment?	_____	
Current Employer Start Date:	_____	

Documentation Needed:

Wage Verification form if employment ended in the last 8 weeks
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Applied for Unemployment?	<input type="checkbox"/>	<input type="checkbox"/>
Benefits Pending?	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Ended?	<input type="checkbox"/>	<input type="checkbox"/>

DES Verification if unemployed for 1 yr or less
Date Ended: _____

Receiving City/Town Welfare?	<input type="checkbox"/>	<input type="checkbox"/>
Receiving State Welfare? (Cash Assistance)	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Food Stamps?	<input type="checkbox"/>	<input type="checkbox"/>

Letter from City/Town Welfare
EBT Card Print Out / State Letter / Application
EBT Card Print Out /State Letter/Application

Spouse left?	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Child Support?	<input type="checkbox"/>	<input type="checkbox"/>

Date _____/Address _____
Proof of Amount Received or Paid

Eviction, heat included?	<input type="checkbox"/>	<input type="checkbox"/>
Overdue rent, heat included?	<input type="checkbox"/>	<input type="checkbox"/>
Utility Disconnect?	<input type="checkbox"/>	<input type="checkbox"/>

Disconnection Date: _____

Help from Family/Friend? (not in household)	<input type="checkbox"/>	<input type="checkbox"/>
Used Saving/Checking/Credit Card?	<input type="checkbox"/>	<input type="checkbox"/>
Other help (Churches etc.) ?	<input type="checkbox"/>	<input type="checkbox"/>

Support Letter / Statement *(See form)
Bank/Credit Statement
Explain in comment section below

Comments: _____

Please explain how you provided for food, rent/mortgage, heat & utilities for the last 30 days. Documentation of this may be required. Use reverse if more room is needed.

Food: _____

Rent / Mort: \$ _____.

Heat: _____

Electric: _____

I have given a true and complete statement of facts necessary to allow determination of eligibility, I understand that if I knowingly give inaccurate or incomplete information about my household, I am breaking the law and can be prosecuted for fraud, conviction resulting in possible imprisonment and/or fine.

Applicant - Please print, then sign your name here

Date

Client - Please print, then sign your name here

Date

Please send all forms, applications and correspondence to **Your Local County's Outreach Office:**

Carroll County Outreach Office
448 White Mountain Highway
Tamworth, NH 03886
Phone: (603) 323-7400 Email:
carrollcc@tccap.org

Coos County Outreach Office
53 Main Street Suite 2
Berlin, NH 03570
Phone: (603) 752-3248
Email:berlincc@tccap.org

Grafton County Outreach Office
41 School St
Ashland, NH 03217
Phone: (603) 968-3560
Email:ashlandcc@tccap.org