

Income Calculation/Self Certification Form:

Complete one form (both pages) per member of the household 18 years old and older. Each household member must sign and date their own form.

This form must be legible and clearly printed. Please call 563-888-3424 and leave a voicemail with any questions you may have.

Staff will not follow up with applicants who submit partial or unreadable information.

Complete form for CURRENT income - not for pre-COVID-19 income.

Only Type/Write In Grey Boxes

Household Member Name:

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Income from Employment - Job 1 Name:

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If salary: salary per month, and <u>do not</u> complete wage section below)	
If hourly: wage rate per hour (and complete section below)	
Number of Straight Time Hours per week	
Number of Overtime Hours per week	
Tips per week	

Income from Employment - Job 1 Name:

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If salary: salary per month, and <u>do not</u> complete wage section below)	
If hourly: wage rate per hour (and complete section below)	
Number of Straight Time Hours per week	
Number of Overtime Hours per week	
Tips per week	

Other income types:

Type	Amount
Unemployment per week (\$ amount including \$600 extra, if receiving)	
Child Support per month <i>(List once under household member receiving the payments)</i>	
Alimony per month	
Social Security and/or Disability per month	
Military Benefits per month	
Retirement Payouts per month	
FIP per month:	
Social Security/Disability for minor children per month: <i>(List ONCE under Head of Household)</i>	
Other per month	
Other per month	

Assets:

	Amount
Checking Account Balance	
Savings Account Balance	
CDs & IRAs (Current Balance)	
IRAs (Current Balance)	
Other (explain _____)	
Other (explain _____)	
Other (explain _____)	
Explain Other Assets (if any):	
_____ I HAVE NO INCOME	
_____ I HAVE NO ASSETS	

Under penalty of perjury you certify that the information presented in this certification is true and accurate to the best of your knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information will result in program termination.

Signature of Household Member

Date

Print Name of Household Member