

**Northern California Indian Development Council, Inc.**  
**Certification of Income and Expenses Form**

*You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide any proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:*

Name: \_\_\_\_\_

<b>Section 1: Do you have sources of income you forgot to report? (if yes, please provide any available documentation)</b>		
<b>YES</b>	<b>NO</b>	During the previous six (6) months have you been employed part time?
<b>YES</b>	<b>NO</b>	During the previous six (6) months have you been self-employed?
<b>YES</b>	<b>NO</b>	Have you been laid off from work in the last six (6) months? If yes please list the date of your last day of work and any documentation:
<b>YES</b>	<b>NO</b>	During the previous six (6) months have you received any gifts of money from anyone? If yes, please list the amount as well as name & phone number of the person who gave you the gift:
<b>YES</b>	<b>NO</b>	During the previous six (6) months have you received any of the following: (circle any that apply) <b>Worker's Comp / Unemployment / Government Sponsored Benefits / Child Support</b>
<b>YES</b>	<b>NO</b>	Do you receive any of the following: (circle any that apply) <b>Annuity / Pension / Per Capita / Tribal Payments / Rental Income / Insurance Benefit</b>

<b>Section 2: Are you spending your savings or borrowing money to cover monthly expenses?</b>		
<b>YES</b>	<b>NO</b>	Are you using savings or a home equity loan? If yes, please specify source and amount:
<b>YES</b>	<b>NO</b>	Are you using some other asset? If yes, please specify amount and asset:
<b>YES</b>	<b>NO</b>	Are you borrowing from credit cards? If yes, please specify amount:
<b>YES</b>	<b>NO</b>	Are you borrowing from some other source? If yes, please specify amount and source:

<b>Section 3: Please tell us how you paid these monthly expenses during the previous months?</b>		
Expense	Monthly Cost	If someone else pays for you, please complete:
Rent/Mortgage	\$	Name: Address: Phone:
Utility Bills	\$	Name: Address: Phone:
Food	\$	Name: Address: Phone:

**Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:**

*By signing this form, I affirm that I believe these facts to be accurate and true. I give the Service Provider my permissions to verify this information. I may be held liable under Federal or State law knowingly making false or fraudulent statements.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Northern California Indian Development Council

## Self-Certification of Income

I, \_\_\_\_\_ certify that I have no documentation for my income. My total household/family income for the past six (6) months is detailed on this self-certification form.

*By signing this document, I am certifying that all the information provided on this form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program, which I am participating and may result in prosecution under the law.*

Month	Year	Amount	Month	Year	Amount
January		\$	July		\$
February		\$	August		\$
March		\$	September		\$
April		\$	October		\$
May		\$	November		\$
June		\$	December		\$

OFFICE USE ONLY	
Total six month income:	\$
Annualized Income (six month x 2):	\$
Additional info:	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date