

DECLARATION of INCOME STATEMENT (DIS)
GUIDANCE

For CA Programs, all Subrecipients shall base annualized eligibility determinations on the following criteria:

- Household income must be collected from the 30 day period prior to the date of application for assistance.
- Documentation of income must be collected from all sources for all household members, age 18 and older, for the entire 30 day period prior to the date of application.
- To annualize income, take income for all income sources that must be included and calculate based on guidance in Texas Administrative Code, Title 10, Part 1, Chapter 5, Subchapter A, Rule §5.19 .
- If proof of income is **unobtainable**, the applicant must complete and sign a Declaration of Income Statement (DIS).
- The DIS must also be used for households needing to declare that they have **zero income**.

In order to use the DIS form, each Subrecipient must develop and implement a written policy and procedure on the use of the DIS form. Refer to 10 TAC §5.19. The Department will review the written policy and its use during on-site monitoring visits. In developing the policy and procedure, subrecipients should give consideration to limiting the use of the DIS form to cases where there are serious extenuating circumstances that justify the use of the form. Such circumstances may include:

- crisis situations such as when an applicant is affected by a natural disaster which prevents the applicant from obtaining income documentation;
- applicants that flee a home due to physical abuse;
- applicants who are unable to locate income documentation of a recently deceased spouse, or whose work is migratory or seasonal in nature.

The Subrecipient must document agency and client efforts to obtain documentation before the decision to use the DIS is taken. The posted DIS form includes a description of why no income documentation is available, and also includes a requirement to list the gross amount of income earned during the 30 day period prior to the date of application **for each member of the household 18 years and older**. Additionally, the form must be signed by the applicant and the Subrecipient's representative completing the form; the form must also be notarized.

INQUIRIES

Questions or inquiries on this issue shall be directed to the Community Affairs Division.

DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 dias antes del aplicar para asistencia)*

Name (Nombre)	Income Received (Ingresos Recibido)
Name (Nombre)	Income Received (Ingresos Recibido)
Name (Nombre)	Income Received (Ingresos Recibido)
Name (Nombre)	Income Received (Ingresos Recibido)

My household has no documented proof of income due to the following situation:
(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida de los ingresos de los miembros de mi hogar que tienen 18 años ó mas es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

<i>Notary Seal</i>	<i>Notary Signature</i>
--------------------	-------------------------

Office Use Only

Subrecipient Representative's Signature and Title

Date