Department of Community Services and Development

CSD 43B (rev.12/2013)

CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide 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	and A	Address				
Name	:					
Address:						
Section	n 1: [Do you have so	ources of income you forgot to repo	rt?		
YES	NO	During the previous month have you been employed part time?				
YES	NO	During the previous month have you been self-employed?				
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?				
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:				
YES	NO	During the previous month did you receive any of the following: (circle any that apply)				
		WORKER'S COMP UNEMPLOYMENT GOVERNMENT SPONSORED BENEFITS CHILD SUPPORT				
YES	NO	Do you receive any of the following (circle any that apply) ANNUITY PAYMENT PENSION TRIBAL CASINO PAYMENTS RENTAL INCOME INSURANCE BENEFITS				
		ANNUITY PA	AYMENT PENSION TRIBA	AL CASINO P		
		Are you spend hly expenses?	ing your savings or borrowing mone	ey to	Put Notary stamp below, if needed (DOE only) or have Executive Director Sign here	
YES	NO	Are you using savings or a home equity loan? How much?				
YES	NO	How much?				
YES	NO	How much?				
YES	NO	Are you borrowing from some other source? How much?				
Section	on 3: F	Please tell us h	ow you paid these monthly expense	es during	the previous months:	
EXPENSE		MONTHLY COST	: HOW HAS THE EXPENSE REEN PAID?		IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:	
Rent	or			Name:	Phone:	
Mortg		\$		Address	:	
Utili	tv			Name:	Phone:	
Bill		\$		Address:		
				Name:	Phone:	
Foo	d	\$		Address		
Section	on 4: I	f none of the a	: above applies to you, please explain	how you	r monthly expenses were paid:	
				-	· · · · · · · · · · · · · · · · · · ·	
Signat	ture:					
	_		that I believe these facts are accurate an deral or state law for knowingly making f	_	ve the Service Provider my permission to verify this information. udulent statements.	
Signati	ure				Date	
J.511411					Saic	