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: Address: Section 1: Do you have sources of income you forgot to report? 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 have you been self-employed? YES NO During the previous month have you been self-employed? YES NO During the previous month have you been self-employed? YES NO During the previous month have you been self-employed? 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 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 DO you receive any of the following (circle any that apply) ANNUTY PAYMENT PENSION TRIBAL CASINO PAYMENTS RENTAL INCOME INSURANCE BENEFITS SECTION 2: Are you spending your savings or borrowing money to cover monthly expenses? YES NO Are you using savings or a home equity loan? HOW much? YES NO Are you borrowing from credit cards? HOW much? YES NO Are you borrowing from credit cards? HOW much? YES NO Are you borrowing from some other source? HOW much? **Section 3: Please tell us how you paid these monthly expenses during the previous months: **Rent or Monthay** **MONTHLY** **HOW much?* **Address:* **Name: Phone: **Address:* **Phone: Address: **Phone of the above applies to you, please explain how your monthly expenses were paid:	Name	and A	Address					
Section 3: Do you have sources of income you forgot to report? YES NO	Name	2:						
YES NO During the previous month have you been employed part time?	Addre	ess:						
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 have you receive 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) YES NO Do you receive any of the following (circle any that apply) ANNUITY PAYMENT PENSION TRIBAL CASINO PAYMENTS RENTAL INCOME INSURANCE BENEFITS NO ANNUITY PAYMENT PENSION TRIBAL CASINO PAYMENTS RENTAL INCOME INSURANCE BENEFITS YES NO Are you using savings or a home equity loan? How much? Put Notary stamp below, if needed (DOE only) or have been seed? How much? Put Notary stamp below, if needed (DOE only) or have been seed? How much? Put Notary stamp below, if needed (DOE only) or have been seed? How much? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed? Put Notary stamp below, if needed (DOE only) or have been seed. Put Notary stamp below, if needed (DOE only) or have been seed. Put Notary stamp below,	Sectio	on 1:	Do you have se	ources of income you forgot to repo	rt?			
VES 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	During the	previous month have you been empl	oyed part time?			
VES 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	YES	NO	During the	previous month have you been self-e	mployed?			
NO 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)	YES	NO						
WORKER'S COMP UNEMPLOYMENT GOVERNMENT SPONSORED BENEFITS CHILD SUPPORT	YES	NO			ny gifts of money from	m anyone? If yes, plea	se list the name and phone	
Worker's Comp	YES	NO						
ANDUITY PAYMENT PENSION TRIBAL CASINO PAYMENTS RENTAL INCOME INSURANCE BENEFITS				L		SORED BENEFITS	CHILD SUPPORT	
Section 2: Are you spending your savings or borrowing money to cover monthly expenses? YES	YES	NO		······				
Section 2: Are you using savings or a home equity loan?			ANNUITY PA	AYMENT PENSION I RIBA				
YES NO Are you using some other asset? How much?			hly expenses?	,	y to			
YES NO How much? YES NO Are you borrowing from credit cards? How much? YES NO Are you borrowing from some other source? How much? Section 3: Please tell us how you paid these monthly expenses during the previous months: EXPENSE MONTHLY COST HOW HAS THE EXPENSE BEEN PAID? IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE: Address: Utility Bills \$ Name: Phone: Address: Name: Phone: Address:	YES	NO	1					
YES NO How much? YES NO Are you borrowing from some other source? How much? Section 3: Please tell us how you paid these monthly expenses during the previous months: EXPENSE MONTHLY COST HOW HAS THE EXPENSE BEEN PAID? IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE: Name: Phone: Address: Name: Phone: Address: Name: Phone: Address:	YES	NO	How much?					
Section 3: Please tell us how you paid these monthly expenses during the previous months: EXPENSE MONTHLY COST HOW HAS THE EXPENSE BEEN PAID? IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE: Rent or Mortgage S	YES	How much?						
EXPENSE MONTHLY COST HOW HAS THE EXPENSE BEEN PAID? IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE: Rent or Mortgage \$ Name: Address: Phone: Address: Utility Bills \$ Name: Address: Phone: Address: Food \$ Name: Address: Phone: Address: Phone: Address: Phone: Address: Phone: Address: Phone:	YES	NO	NO :					
Rent or Mortgage Utility Bills Food S HOW HAS THE EXPENSE BEEN PAID? From How HAS THE EXPENSE BEEN PAID? Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Address:	Sectio	on 3:	Please tell us h	now you paid these monthly expens	es during the previo	us months:		
Name: Phone: Address: Name: Phone: Address: Name: Address: Name: Address: Name: Address: Name: Phone: Name: Phone: Name: Phone: Name: Phone: Name: Name: Phone: Name: Name:	EXPEN	NSE		HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAY	'S FOR YOU, PLEASE COMPLE	TE:	
Mortgage \$ Address: Utility Bills \$ Name: Address: Phone: Address: Food \$ Name: Address: Phone: Address: Phone: Address: Phone: Address: Phone: Address: Phone: Address: Phone: Address: Phone:	Rent	or			Name:	Phone	::	
Name: Phone: Address: Address: Address: Address: Phone: Address: Addre	Mortg	gage	\$		Address:	<u>.</u>		
Bills \$ Address: Food \$ Name: Phone: Address:	Utili	tv			Name:	Phone	::	
Food \$ Address:			\$		Address:	<u>i</u>		
Food \$ Address:		i			Name:	Phone	2:	
Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:	Foo	d	\$		Address:	<u>i</u>		
	Section	n 4:	f none of the	i above applies to you, please explain	how your monthly	expenses were paid:		
	-							
	Signa	ture:						
Signature:	By sigr	ning th					to verify this information.	
Signature: By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.	Signatu	ire						
By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.	Jignatt	ui e				Date		