



Self-Declaration of No or Low Income

A Self-Declaration of No or Low Income form must be completed for any adults in the home that have no current form of income. Complete each section on this form to explain how you provided for your basic needs in the last 30 days.

Name of household member with No or Low income: _____

Food: _____

Rent/Mortgage: _____

Heat: _____

Electric: _____

For all areas below selected "Yes" you will need to provide copies of additional forms or documentation to help verify your current household income. Please note the right column indicates what supporting documentation will be required.

*Forms are available to print at: www.capbm.org/fuel-assistance-program-fap

Current Status:	Yes or No	Required Documentation or Forms
Unemployed? If yes, date employment ended:	Yes ___ No ___	If job ended in last 8 weeks - NHES Verification Form, Employer Verification Form, termination letter or proof of final pay
Applied for Unemployment or benefits currently pending?	Yes ___ No ___	
Benefits Ended? If yes, date employment ended:	Yes ___ No ___	NHES Verification Form
Receiving City Welfare?	Yes ___ No ___	Letter of Decision from City Welfare
Receiving State Welfare?	Yes ___ No ___	DHHS State Letter/ EBT card print out
Receiving Food Stamps?	Yes ___ No ___	DHHS State Letter/ EBT card print out
Utility Disconnect? Disconnect Date:	Yes ___ No ___	Disconnect Notice
Overdue Rent, Heat included? Total Overdue:	Yes ___ No ___	
Eviction, Heat included? Eviction date:	Yes ___ No ___	Landlord form & W9/NH Hires
Does a partner/household member provide for basic expenses? Name:	Yes ___ No ___	
Spouse/Partner left? Date moved out of home:	Yes ___ No ___	Child Support Form (if children in the home)
Receiving/Paying Child Support?	Yes ___ No ___	
Help from Family/Friends?	Yes ___ No ___	Amount: Frequency: Friend/Family Support Form required
Used Savings/Credit Card?	Yes ___ No ___	Bank/Credit Statement
Other help (church, programs etc.)	Yes ___ No ___	Explain in comment section below

Comments: _____

I have given a true and complete statement of facts necessary to allow determination of eligibility. I understand that if I knowingly give inaccurate or incomplete information about my household, I am breaking the law and can be prosecuted for fraud, conviction resulting in possible imprisonment and/or fine.

Client Signature: _____ Date: _____

CAP Agency Staff Signature: _____ Date: _____