



**PLEASE SUBMIT ALL INFORMATION THAT APPLIES TO YOUR COMBINED HOUSEHOLD'S INCOME:**

**A. Does your household have members over the age of 18 who receive earned and/or unearned income?**

**Yes [ ]** *If yes, what is your **total monthly household income \$** \_\_\_\_\_? Indicate the income source below with the amount received in the past 30 days (attach proof of income):*

- |  |                                    |
|--|------------------------------------|
| 1. \$ _____ Wages                        | 9. \$ _____ Unemployment           |
| 2. \$ _____ SS (Social Security)         | 10. \$ _____ Alimony/Child Support |
| 3. \$ _____ SSI/SSDA/SSA                 | 11. \$ _____ Workers Compensation  |
| 4. \$ _____ DHS Cash Benefits (TANF)     | 12. \$ _____ Military Allotment    |
| 5. \$ _____ General Assistance           | 13. \$ _____ Per Capita Payments   |
| 6. \$ _____ Veterans Admin. Benefits     | 14. \$ _____ Other: _____          |
| 7. \$ _____ Pensions/Retirement Benefits | 15. \$ _____ Other: _____          |
| 8. \$ _____ Investment/Property Income   | 16. \$ _____ Other: _____          |

**B. Does your household include adults who are self-employed or who are business owners?**

**No [ ] Yes [ ]** *If yes, please fill out the self-employment affidavit attached. [\$ \_\_\_\_\_] Amount Earned*

**C. Are there any adult household members out of work?**

**No [ ] Yes [ ]** *If yes, please complete the attached zero income form for all adults without income.*

**D. Does your household receive DHS FOOD ASSISTANCE or COMMODITY FOODS?**

**No [ ] Yes [ ]** *If yes, include verification of services.*

**Under penalties of perjury, I swear or affirm that this application has been examined by or read to me. I authorize the release of information to any agency for the evaluation of the CAP application. I certify that all of the information in this application is true, accurate, and complete to the best of my knowledge. I understand that giving false or incomplete information may result in a denial of my application.**

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Adult Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Adult Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Adult Household Signature*

\_\_\_\_\_  
*Date*

**Income Zero Income Affidavit**

Applicant(s) Name: \_\_\_\_\_

**I hereby certify that any person in my household does not receive income from any of the following sources:**

- a. Wages from employment (including tips, commissions, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Social security payments, pensions, annuities, retirement funds, insurance policies, or death benefits;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, per capita, or gifts received;
- h. Sales from self-employment;
- i. Any other source not named above.

**I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Include a copy of DHS award letter verifying active case status and services being received when completing this form.*

**Self-Employment Affidavit**

**This affidavit is to be signed by any individual who is 18 years of age and over who claims on the application to be self-employed.**

I am self-employed in the business of: \_\_\_\_\_

I have been self-employed in this manner since: \_\_\_\_/\_\_\_\_/\_\_\_\_

To the best of my knowledge, I estimate to earn \_\_\_\_\_

**Estimated earnings are supported by:** Accountant’s, bookkeeper’s statement, business receipts/check stubs schedule C and profit and loss statement other: \_\_\_\_\_

If none of the above is available, please state the reason why: \_\_\_\_\_

**I certify that the information contained in this affidavit is true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Head of Household: \_\_\_\_\_ Household Size: \_\_\_\_\_

**CSBG 125% FY2024 FEDERAL POVERTY INCOME GUIDELINES**

Household Size	Annual Gross Income
1	\$18,225
2	\$24,650
3	\$31,075
4	\$37,500
5	\$43,925
6	\$50,350
7	\$56,775
8	\$63,200

For each additional household member add: \$6,425.00

**INCOME INFORMATION**

EARNED AND UNEARNED INCOME: Starting with applicant, list all household members who received Earned and/or Unearned Income.

Name (Last/First)	Source	Annual Income	GROSS Past 30 Days	Total Annual
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
				\$
<b>TOTAL Annual Income (Last Column)</b>				

**Income Source Codes:**

- |                         |                       |                                 |                 |
|-------------------------|-----------------------|---------------------------------|-----------------|
| 1. SS (Social Security) | 2. Wages              | 3. SSI/SSDA/SSA/Social Security | 4. GA           |
| 5. ADC/TANF/CASH        | 6. Pension/Retirement | 7. Self-Employment              | 8. Unemployment |
| 9. Child Support        | 10. Other _____       |                                 |                 |

**[ ] APPROVED**

Vendor/Company/Recipient: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Justification: \_\_\_\_\_

Account #: \_\_\_\_\_

Vendor/Company/Recipient: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Justification: \_\_\_\_\_

Account #: \_\_\_\_\_

**[ ] DENIED**

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by: CAP Administrator

Date

**If you disagree with this decision, you have a right to an appeal. Hearing process sheets can be obtained in the CAP office.**