

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 Address	
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 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

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 using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Put Notary stamp below, if needed (DOE only) or have
Executive Director Sign here

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	\$		Name: _____ Phone: _____ Address: _____
Utility Bills	\$		Name: _____ Phone: _____ Address: _____
Food	\$		Name: _____ Phone: _____ Address: _____

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:	

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.	

Signature _____ Date _____