**I certify that the documentation provided and the facts contained in this application are accurate and true to the best of my knowledge and understand that falsified statements on this application or in the documentation provided could result in being denied CSBG-funded assistance in Wyoming.**

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-Declaration for zero income or missing required documentation

Only complete if you have no source of income or are missing any of the required documentation.

**Please Check ALL that apply:**

❑ The Household has **no source** of Income

(I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby declare under penalty of perjury that I have received no income from any source during the past 30 days and that I have been unemployed during that time. **I have been able to maintain my basic necessities by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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❑ No Proof of Identification ❑ No Social Security Card for ALL Household Members ❑ No Proof of Residency

(I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby declare under penalty of perjury that I do not have copies of the required CSBG documentation. **The reason you cannot provide all required documentation:** Examples: (*Natural Disaster, Stranded, Birth of Child no SS card yet, fleeing abusive household)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant (Printed Name) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (Printed Name) Signature Date

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| --- | --- | --- | --- | --- | --- | --- |
| Program Staff Use Only | | | | | | |
| ❑Copies of All Income for the Household during the last 30-90 days | | | % of Poverty Level \_\_\_\_\_% | | Income Eligible? ❑Yes ❑No | Is this allowable expense? ❑Yes ❑No | | |
| Applicant Status:  ❑ Approved  ❑ Denied | | Explanation of denial of services:  Date of Letter \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Letter Sent ❑ Copy in File ❑ | | | | Unduplicated # of People Served \_\_\_\_\_  # of Services Provided \_\_\_\_\_ | | |
| Case Management Notes: | | | | | | | | |
| Referral(s) made: | | | | | | | | |
| **Printed Staff Name:** | | | | **Staff Signature:** | | | **Date Interview Conducted:** | |
| **Documentation of service(s) provided, payment invoices, and cancelled check(s) or receipt of payment will be maintained in the file with this CSBG Application, the Eligibility Requirements Form, and copies of Income. In the event, the service is denied; a copy of the Denial Letter will be maintained in the file.** | | | | | | | | |