



State Home Oil Weatherization (SHOW) Program

Declaration of Low-Income Status

I. APPLICANT & DWELLING (SITE) INFORMATION	
Applicant name:	
Occupant name:	
Dwelling address:	
City, state, zip:	County:

II. HOUSEHOLD INCOME DECLARATION				
<p>To declare income eligibility for SHOW Program Tier 1 cash payments, the household must qualify at or below 200% Federal Poverty Level. List <i>all</i> household members indicate their ages and incomes. When declaring household income:</p> <ul style="list-style-type: none"> ◆ Include all sources of income, before taxes and deductions, of all household members occupying the dwelling. ◆ For household members ages 17 and younger or age 18 and enrolled in high school: <ul style="list-style-type: none"> ▪ <i>Do not include</i> earned income (i.e. wages from employment) ▪ <i>Do include</i> income received by or on behalf of those members (i.e. social security benefits or child support). ◆ Declare income consistently for all household members for either the full calendar month or last 30 days of the application date. 				
Income declared below is for:		Full calendar month of:	Last 30 days from	to
Total household size:		Number of adults (age 18+):	Number of children (0-17):	
Member name	Age	Type and source of income (indicate if none)	Frequency	Total (before deductions)
<i>Ex: Robert</i>	<i>43</i>	<i>Employment wages, Jack in the Box</i>	<i>Weekly</i>	<i>\$1,200</i>
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
Total income:				\$

III. DOCUMENT VERIFICATION
Income documentation will remain confidential with OHCS until securely shredded. Submit a copy of at least one of the required documents for each type of income per household member with declared income:

Type of Income	Required Documentation
Child support or alimony	- Court order - Written statement from person paying
Dividends, interest, or annuities	- Letter, check stub or statement from corporation/bank - Bank statement (if gross amount is deposited)
Earned income or wages	- Pay stubs (not the check) from each payday during the declared period - Written statement from employer indicating gross wages
Foster care support or adoption assistance	- Official state or court documents
Military pay	- Leave and earnings statement
Real property income	- Receipt of payment from tenant for all rental due dates during the declared period
Regular cash gifts	- Written statement from person providing support - Bank statement or proof of payments
Retirement or pensions	- Letter, check stub or statement from corporation/employer - 1099 tax statement - Bank statement (if gross amount is deposited)
Self-employment income	- Completed Statement of Self-Employment Income with all supporting documentation
Social security, supplemental, and disability income	- Letter (mail or online printout), check stub or statement from the Social Security Administration - SSA 1099 tax statement with current year's increase notification statement - Department of Human Services (DHS) benefits and income printout - Bank statement (if gross amount is deposited)
Temporary Assistance for Needy Families (TANF)	- DHS benefits and income printout - Online statement of card deposits
Tribal assistance	- Per capita letter, statement or check stub - Bank statement (if gross amount is deposited)
Unemployment	- Letter or statement from employment office - Online printout of unemployment payments for each week of the declared period
Veterans' benefits	- Letter, check stub or statement from the Department of Veterans' Affairs - Bank statement (if gross amount is deposited)
Workers' compensation	- Letter, check stub or statement from corporation/provider - Bank statement

IV. OCCUPANT CERTIFICATION	
Please check all items that apply and have been included with this attachment: Declaration of Low-Income Status attachment to the fullest extent Copies of all required documentation, as indicated above, to verify income	
All of the information completed above is accurate to the best of my knowledge. Self-declared household income has not been falsified or omitted.	
Signature: <input type="text"/>	Date: <input type="text"/>

Please include all documentation and submit to:
Mail: Oregon Housing & Community Services
Attn: SHOW Program Analyst
725 Summer St NE, Suite B, Salem, OR 97301
Email: SHOW.Program@hcs.oregon.gov
Fax: (503) 986-2020