Income documentation for Eviction Prevention assistance

Income documentation from all sources of income received by the entire household must be obtained for one of the timelines below.

- Previous 12 months of income.
- "Snapshot" of current income (at time of assessment).
- Previous 30 days of income.

  This includes, but it not limited to, pay stubs or verification for any wages earned, current year Benefit verification letter from Social Security, weekly unemployment printout, verification of child support payments, proof of cash assistance (TANF), or any other income.

- If client is NOT able to provide verification of income from their source of income, please see the *Self-Certification of income* form on the partner page.
- Any non-regular income or income paid in cash in the last 30 days can be documented on the attached *Declaration of Household Income (DHI)*. This form can also be used to document any child support payments.
- Self-employed clients can fill out the attached *Self-employment worksheet*.
- *Zero Income Statement* must be filled out by any household member 18 or older that has not received any source of income for a full 30 day period prior to the date of their application.
- Signatures on the Declarations of income worksheets can be obtained via verbal consent. Once you have gone fully filled out the form with the client, please ask if you have their consent to complete the form and if all the information they are providing is true and accurate to the best of their knowledge.
  If so, write "verbal consent" 'given by: Client name' on the signature line and write the date.

Emergency Rent
1001 SW Baseline St.
Hillsboro, OR 97123

Rent: 503.615.0770
www.caowash.org

Community Action
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ZERO INCOME STATEMENT
EMERGENCY RENT
ASSISTANCE PROGRAM YEAR
2024-2025

Primary Applicant Name: _____

Please explain how you (or your household) have paid for all of your living expenses when you household has had no income or not enough income. If you have borrowed money, write that. If you have made arrangements with your landlord or utility company, please write that. If you have not been able to pay, please write that.

Client 1 claiming zero income: _____

How did you buy Food? _____

How did you pay your Rent? _____

How did you pay your Bills or other Utilities? _____

When was the last time **client claiming zero income** received any income? Date: _____

From where, or from whom, did you receive this income? _____

Client 2 claiming zero income: _____

How did you buy Food? _____

How did you pay your Rent? _____

How did you pay your Bills or other Utilities? _____

When was the last time **client claiming zero income** received any income? Date: _____

From where, or from whom, did you receive this income? _____

I have read the list of examples of income, and I certify that the information stated above is true and accurate to the best of my knowledge. By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

_____ _____

Signature Date

Renta de Emergencia
1001 SW Baseline St. Hillsboro,
OR 97123

Renta: 503.615.0770
www.caowash.org

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DECLARACIÓN DE CERO INGRESOS
Programa para Asistencia de Renta de Emergencia 2024-2025

Nombre del solicitante principal: _____

Por favor explique cómo usted (o su familia) han pagado por todos los gastos de vida de su hogar cuando usted no ha tenido ingresos o no ha tenido ingresos suficientes. Si ha pedido dinero prestado, escriba esto. Si usted ha hecho arreglos con su compañía de utilidad o propietario, por favor escriba esto. Si usted no ha podido pagar, por favor escriba esto.

Cliente 1 afirmando cero ingresos: _____

¿Como compro su Comida? _____

¿Como pago su renta/hipoteca? _____

¿Como pago sus cuentas o utilidades? _____

¿Cuándo fue la última vez que el **cliente afirmando cero ingresos** recibió algún ingreso? Fecha: _____

¿De dónde o de quien, recibió este ingreso? _____

Cliente 2 afirmando cero ingresos: _____

¿Como compro su Comida? _____

¿Como pago su renta/hipoteca? _____

¿Como pago sus cuentas o utilidades? _____

¿Cuándo fue la última vez que el **cliente afirmando cero ingresos** recibió algún ingreso? Fecha: _____

¿De dónde o de quien, recibió este ingreso? _____

He leído la lista de ejemplos de ingresos, y certifico que esta información es verdadera y exacta a lo mejor de mi conocimiento. Al firmar este formulario estoy bajo pena de persecución penal si información falsa resulta de ayuda para la cual no soy elegible.

_____ _____

Firma Fecha

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Hillsboro, OR 97123

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DECLARATION OF HOUSEHOLD INCOME
EMERGENCY RENT ASSISTANCE
PROGRAM YEAR 2024-2025

This form is to be used for:

- Regular informal payments (such as informal child support)
- Other self-declared income or benefits (such as odd jobs, donating blood or plasma, pop can/bottle returns, etc.)

Primary Applicant Name: _____

Please fill in your self-declared income and source for each month.

	Name	Month	Amount Claiming	Source
Person 1				
Person 2				
Person 3				
Person 4				

I have read the list of examples of income, and I certify that the information stated above is true and accurate to the best of my knowledge.
By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

_____ _____

Signature Date

Renta de Emergencia
1001 SW Baseline St.
Hillsboro, OR 97123

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www.caowash.org

DECLARACIÓN DE INGRESO DEL HOGAR
Programa para Asistencia de Renta de Emergencia 2024-2025

Esta forma debe ser usada para:

- Pagos informales regulares (como manutención de menores informal)
- Otros ingresos auto declarados o beneficios (tales como trabajos ocasionales, donación de sangre o plasma, reciclaje de latas/botellas de soda, etc...)

Nombre del solicitante principal: _____

Por favor llene sus ingresos auto declarados y el tipo de ingreso que ha recibido cada mes.

	Nombre	Mes	Cantidad	Tipo
Persona 1				
Persona 2				
Persona 3				
Persona 4				

He leído la lista de ejemplos de ingresos, y certifico que esta información es verdadera y exacta a lo mejor de mi conocimiento. Al firmar este formulario estoy bajo pena de persecución penal si información falsa resulta de ayuda para la cual no soy elegible.

_____ _____

Firma Fecha

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SELF EMPLOYMENT WORKSHEET
EMERGENCY RENT ASSISTANCE
PROGRAM 2024-2025

Business Name_____

Business phone number_____

Applicant's Name: _____

Period(s) Covered_____to _____ ☐ Monthly ☐ Annually

Gross Receipts or Sales……$_____

Business related expenses for period covered…… (MINUS) $_____

Net Income……$_____

I certify that the information stated is true and accurate to the best of my knowledge. By signing this form I am under penalty of criminal prosecution if false information results in assistance for which I am not eligible.

_____ _____
Signature Date

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Empleo por Propia Cuenta
Programa para Asistencia de
Renta de Emergencia 2024-2025

Nombre del Negocio_____

Número de teléfono_____

Nombre del Aplicante: _____

Periodo(s) Cubierto(s)_____a_____ ☐ Mensual ☐ Anual

Ingresos Brutos o ventas…… $_____

Deducciones relacionadas al negocio por el período cubierto…… (MENOS) $_____

Ingresos Netos……$_____

Yo certifico que esta información es correcta y entiendo que si miento puedo ser perjudicado si la información que di resulta falsa y me dan asistencia por la cual no soy elegible.

_____ _____
Firma Fecha