

For Administrative Use Only:		
KCR Staff Signature	Date	
Verified by:		

□ DSHS BVS □ ESD Report □ Bank Statement □ Court Documents

SELF - DECLARATION OF INCOME

	INST	RUCTIONS:	Complete all sections that apply to	o you		
Client Name:						
	Self-Declaration of Income		ncome	Child Support		
NOTES:		1 - MONTH		1 - MONTH	<u> </u>	
	Please 6	explain hov	v you are paying the following ex	penses:	<u> </u>	
BILL	_	\$ AMOUNT	PAID BY	NAME OF SOURCE	UNPAID	
Rent/Mortgage			☐ FRIEND ☐ FAMILY ☐ AGENCY			
Food			☐ FRIEND ☐ FAMILY ☐ AGENCY			
Heat (Electric, G	Sas, Oil etc.)		☐ FRIEND ☐ FAMILY ☐ AGENCY			
Water/Sewage/0	Garbage		☐ FRIEND ☐ FAMILY ☐ AGENCY			
Phone/Cable/In	iternet		☐ FRIEND ☐ FAMILY ☐ AGENCY			
Car Payment/In	surance/Gas		☐ FRIEND ☐ FAMILY ☐ AGENCY			
Public Transpor	tation		☐ FRIEND ☐ FAMILY ☐ AGENCY			
Personal Expens	ses		☐ FRIEND ☐ FAMILY ☐ AGENCY			
understand that I	am signing th	is statemer	ove is complete and accurate to the under penalty of criminal prosece received for which I am not eligib	ecution if I knowingly p		
		CLIENT SIGNA	TURE D	ATE		