

**Department of Community Services and Development**

CSD 43B (rev. 12/2013)

Anyone 18 & older with NO INCOME must fill out this form completely, then sign and date at the bottom. Also use this form for any further explanation of income situation.

**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:	Scott McGann
Address:	11833 Western Pine, Lock Land CA 95461

Section 1: Do you have sources of income your forgot to report?						
YES	<input checked="" type="radio"/> NO During the previous month have you been employed part time?					
YES	<input checked="" type="radio"/> NO During the previous month have you been self-employed?					
YES	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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:					
<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO During the previous month did you receive any of the following: (circle any that apply)					
	<table border="1"> <tr> <td>WORKER'S COMP</td> <td>UNEMPLOYMENT</td> <td>GOVERNMENT SPONSORED BENEFITS</td> <td>CHILD SUPPORT</td> </tr> </table>	WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT	
WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT			
YES	<input checked="" type="radio"/> NO Do you receive any of the following (circle any that apply)					
	<table border="1"> <tr> <td>ANNUITY PAYMENT</td> <td>PENSION</td> <td>TRIBAL CASINO PAYMENTS</td> <td>RENTAL INCOME</td> <td>INSURANCE BENEFITS</td> </tr> </table>	ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS
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	<input checked="" type="radio"/> NO Are you using savings or a home equity loan? How much? _____
YES	<input checked="" type="radio"/> NO Are you using some other asset? How much? _____
YES	<input checked="" type="radio"/> NO Are you borrowing from credit cards? How much? _____
YES	<input checked="" type="radio"/> NO Are you borrowing from some other source? How much? _____

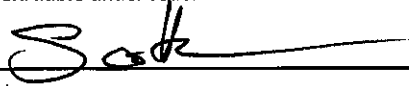
Put Notary stamp below, if needed (DOE only) or have Executive Director Sign here

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	\$1566 <sup>38</sup> / <sub>100</sub>	CA Mortgage Relief	Name: _____ Phone: _____ Address: _____
Utility Bills	\$700	Wife	Name: Jennifer McGann Phone: (707) 974-9137 Address: 11833 Western Pine Rd, 95461
Food	\$291	EBT	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

10-27-23  
Date