



# On-site Septic Repair Cost Share Program Declaration of Monthly Income

	APPLICANT	Co-Applicant
Base Employment Income		
Temporary Annual Family		
Food Stamps		
Social Security Income		
Social Security Disability		
Alimony		
Child Support		
Pension or Retirement		
Other		
<b>Total</b>	<b>\$</b>	<b>\$</b>

MONTHLY BILLS		
Mortgage & Land Payment		
Property Taxes <small>(if not included in mortgage payment)</small>		
Home Insurance <small>(if not included in mortgage payment)</small>		
Utilities		
Car Payments		
Insurance		
Child Care		
Average Credit Card Payment		
Alimony/Child Support		
Student Loans		
<b>Total</b>	<b>\$</b>	<b>\$</b>



# Declaration of Monthly Income

## ASSETS

### LIST CHECKING AND SAVINGS ACCOUNT BELOW

APPLICANT	CO-APPLICANT
Name and Address of Bank, Savings & Loan, or Credit Union	Name and Address of Bank, Savings & Loan, or Credit Union
Account Number:	Account Number:
<b>Balance: \$</b>	<b>Balance: \$</b>
Name and Address of Bank, Savings & Loan, or Credit Union	Name and Address of Bank, Savings & Loan, or Credit Union
Account Number:	Account Number:
<b>Balance: \$</b>	<b>Balance: \$</b>

NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application.

Please mark your additional comments with "A" for Applicant or "C" for Co-Applicant.