



Fuel and Electric Assistance Program Rental Income Declaration



Applicants who collect rental income are required to provide all documentation for the prior 365 days of income. Generally, this can be provided with a complete copy of the current year tax return with all schedules included. If you collect rental income but do not file taxes, you are required to submit this completed rental income declaration along with documentation of income and expenses. Please note:

- You must complete all information and sign and date the bottom of the form.
- Along with form, you must present supporting documentation in an orderly fashion. Documents should be organized in date order and, if including deductions, should be clearly labelled.

Applicant Name _____

Rental Type Apartment Condo Duplex Mobile Home Single Family Room

Rental Address _____ City _____ Zip Code _____

365 Day Period From _____ To _____ *Complete the below for this time period.*

Gross Income from Rental Property \$ _____

Expenses – List the totals for any rental-related expense for the period indicated above that you would like to see deducted. You must provide documentation (receipts) as proof of expenses in order to have expenses deducted.

- | | | |
|---------------------------------|----------|---|
| 1. Heating and Electrical Costs | \$ _____ | <i>If these costs are included in the rent only</i> |
| 2. Property Insurance | \$ _____ | |
| 3. Property Taxes | \$ _____ | |
| 4. Repairs (under \$1,000) | \$ _____ | |
| 5. Repairs (major - \$1,000+) | \$ _____ | List repair _____ |
| 6. Services (cleaning, legal) | \$ _____ | |
| 7. Other Expenses | \$ _____ | List expense(s) _____ |

Total Expenses (lines 1 through 7) = \$ _____

If you live in one of the units in this building, please complete the following:				If you do NOT live on the property: Gross Income minus Total Expenses = Net Profit
\$ _____	Divided by	_____	= \$ _____	
Total Expenses		# of units	Cost per Unit	
\$ _____	Minus	_____	= \$ _____	
Total Expenses		Cost of your Unit	Adjusted Expenses	
\$ _____	Minus	_____	= \$ _____	
Gross Income		Adjusted Expenses	Net Profit	

I certify that the above information is complete, accurate, and true to the best of my knowledge. I will provide the necessary documentation for the above information upon request if necessary. If I understand that if I have intentionally falsified any of this information, I could be fined and/or imprisoned.

Signature

Date