

## DECLARATION OF INCOME STATEMENT (DIS) (DECLARACION DE INGRESOS)

### DIS GUIDANCE

**For CA Programs, all Subrecipients shall base annualized eligibility determinations on the following criteria:**

- Household income must be collected from the 30-day period prior to the date of application for assistance.
- Documentation of income must be collected from all sources for all household members, age 18 and older, for the entire 30-day period prior to the date of application.
- To annualize income, take income for all income sources that must be included and calculate based on guidance in Texas Administrative Code, Title 10, Part 1, Chapter 6, Subchapter A, Rule §6.4.
- If proof of income is **unobtainable**, the applicant must complete and sign a Declaration of Income Statement (DIS).
- The DIS must also be used for household members with **zero income**.
- **Reminder**: DIS form must be notarized for DOE WAP clients.

**In order to use the DIS form, each Subrecipient must develop and implement a written policy and procedure on the use of the DIS form to ensure consistent implementation across all applicable situations.** In developing the policy and procedure, Subrecipients should try to limit the use of the DIS form as much as possible.

The Subrecipient must document agency and client efforts to obtain documentation before the decision to use the DIS is taken. The posted DIS form includes a description of why no income documentation is available, and also includes a requirement to list the gross amount of income earned during the 30-day period prior to the date of application **for each member of the household 18 years and older**. The form must be signed by the applicant.

### **INQUIRIES**

Questions or inquiries on this issue shall be directed to the [Community Affairs Division](#).

**DECLARATION OF INCOME STATEMENT (DIS)  
(DECLARACION DE INGRESOS)**

|   |                                |                          |
|---|--------------------------------|--------------------------|
| Applicant Name (Nombre del Solicitante) | Applicant Last Name (Apellido) | Suffix (Sufijo)          |
| Address (Dirección)                     | City (Ciudad)                  | Zip Code (Código Postal) |

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

|               |  |
|---------------|--|
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

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I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

\_\_\_\_\_  
*(Applicant Signature/Firma del Solicitante)*

\_\_\_\_\_  
*(Date/Fecha)*