

UNEARNED INCOME

If you receive income other than wages or unemployment, we need proof of the gross amount and frequency. Submit your most recent award letter, benefit letter, or a computer printout from authorizing agency.

E.g. Temporary Assistance for Needy Families (TANF), Social Security (SS), Supplemental Security Income (SSI), Pensions, Annuities, Veteran Benefits



NET INCOME FOR A BUSINESS

- If you own a business, submit IRS Form 1040 with Schedule C, E, or F for the past 2 years.
- If you own rental properties, submit IRS Form 1040 with Schedule E for the past 2 years.

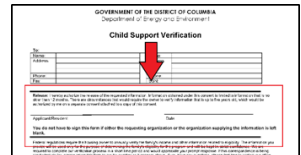


INCOME FOR HOUSEHOLD MEMBERS UNDER 18

CHILD SUPPORT

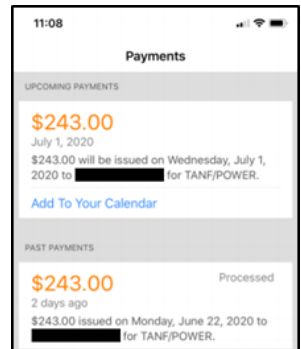
If you receive child support we need proof of the gross amount and frequency:

- Submit a computer printout from the authorizing agency, OR
- Let us know the state and sign the **Child Support Verification Form**.



UNEARNED INCOME

If your child receives unearned income (TANF or SSI) submit a recent benefit letter, or computer printout from authorizing agency that shows gross benefit amount and frequency.



EARNED INCOME

The Lead Reduction Program does NOT count the earned income of household members under 18.

ZERO HOUSEHOLD INCOME

ZERO HOUSEHOLD INCOME

If no one in the household receives any of the income described above, complete the **DOEE Income Affidavit Form** and get it notarized – this form tells you how! Then, mail us the original document.

Income Statement
The U.S. Department of Energy and Environmental Protection (DOE) is currently conducting a study to determine the impact of lead abatement on household income. This information will be used to help DOE determine the best way to provide financial assistance to households that need it most.

What is my salary before continuing?
Please enter your salary before continuing on the job. If you are self-employed, please enter your net income. If you are a contractor, please enter your net income. If you are a partner in a business, please enter your share of the business income. If you are a shareholder in a corporation, please enter your share of the corporation income. If you are a beneficiary of a trust, please enter the amount of the trust income. If you are a recipient of a pension or annuity, please enter the amount of the pension or annuity. If you are a recipient of a disability benefit, please enter the amount of the disability benefit. If you are a recipient of a Social Security benefit, please enter the amount of the Social Security benefit. If you are a recipient of a Veterans Affairs benefit, please enter the amount of the Veterans Affairs benefit. If you are a recipient of a military benefit, please enter the amount of the military benefit. If you are a recipient of a state or local government benefit, please enter the amount of the state or local government benefit. If you are a recipient of a private pension or annuity, please enter the amount of the private pension or annuity. If you are a recipient of a private disability benefit, please enter the amount of the private disability benefit. If you are a recipient of a private Social Security benefit, please enter the amount of the private Social Security benefit. If you are a recipient of a private Veterans Affairs benefit, please enter the amount of the private Veterans Affairs benefit. If you are a recipient of a private military benefit, please enter the amount of the private military benefit. If you are a recipient of a private state or local government benefit, please enter the amount of the private state or local government benefit.

What is my salary after continuing?
Please enter your salary after continuing on the job. If you are self-employed, please enter your net income. If you are a contractor, please enter your net income. If you are a partner in a business, please enter your share of the business income. If you are a shareholder in a corporation, please enter your share of the corporation income. If you are a beneficiary of a trust, please enter the amount of the trust income. If you are a recipient of a pension or annuity, please enter the amount of the pension or annuity. If you are a recipient of a disability benefit, please enter the amount of the disability benefit. If you are a recipient of a Social Security benefit, please enter the amount of the Social Security benefit. If you are a recipient of a Veterans Affairs benefit, please enter the amount of the Veterans Affairs benefit. If you are a recipient of a military benefit, please enter the amount of the military benefit. If you are a recipient of a state or local government benefit, please enter the amount of the state or local government benefit. If you are a recipient of a private pension or annuity, please enter the amount of the private pension or annuity. If you are a recipient of a private disability benefit, please enter the amount of the private disability benefit. If you are a recipient of a private Social Security benefit, please enter the amount of the private Social Security benefit. If you are a recipient of a private Veterans Affairs benefit, please enter the amount of the private Veterans Affairs benefit. If you are a recipient of a private military benefit, please enter the amount of the private military benefit. If you are a recipient of a private state or local government benefit, please enter the amount of the private state or local government benefit.

What is my salary after continuing?
Please enter your salary after continuing on the job. If you are self-employed, please enter your net income. If you are a contractor, please enter your net income. If you are a partner in a business, please enter your share of the business income. If you are a shareholder in a corporation, please enter your share of the corporation income. If you are a beneficiary of a trust, please enter the amount of the trust income. If you are a recipient of a pension or annuity, please enter the amount of the pension or annuity. If you are a recipient of a disability benefit, please enter the amount of the disability benefit. If you are a recipient of a Social Security benefit, please enter the amount of the Social Security benefit. If you are a recipient of a Veterans Affairs benefit, please enter the amount of the Veterans Affairs benefit. If you are a recipient of a military benefit, please enter the amount of the military benefit. If you are a recipient of a state or local government benefit, please enter the amount of the state or local government benefit. If you are a recipient of a private pension or annuity, please enter the amount of the private pension or annuity. If you are a recipient of a private disability benefit, please enter the amount of the private disability benefit. If you are a recipient of a private Social Security benefit, please enter the amount of the private Social Security benefit. If you are a recipient of a private Veterans Affairs benefit, please enter the amount of the private Veterans Affairs benefit. If you are a recipient of a private military benefit, please enter the amount of the private military benefit. If you are a recipient of a private state or local government benefit, please enter the amount of the private state or local government benefit.

VERIFICATION OF HOUSEHOLD ASSETS

BANK ACCOUNTS

CHECKING ACCOUNT

If you have a checking account, submit bank statements for the past six months showing interest rate and balance, with the account number blacked out.

BANK OF AMERICA
Home Connect/Member

- Save a copy: 06/18/2015 10:00 AM EDT
- Print statement
- View account
- Make a payment
- Transfer funds

Your Adv Tiers Interest Chng
06/18/2015 10:00 AM EDT

| Account summary | Interest rate |
|------------------------------------|---------------|
| Adv Checking (*****) | 0.00% |
| Adv Savings (*****) | 0.00% |
| Adv Money Market (*****) | 0.00% |
| Adv Certificate of Deposit (*****) | 0.00% |
| Adv IRA (*****) | 0.00% |
| Adv 529 Plan (*****) | 0.00% |

How do you want to receive this statement? PDF or Print

SAVING ACCOUNT

If you have a saving account, submit a bank statement issued within the past 30 days showing interest rate and balance, with the account number blacked out.

BANK OF AMERICA
Home Connect/Member

- Save a copy: 06/18/2015 10:00 AM EDT
- Print statement
- View account
- Make a payment
- Transfer funds

Your Adv Tiers Interest Chng
06/18/2015 10:00 AM EDT

| Account summary | Interest rate |
|------------------------------------|---------------|
| Adv Checking (*****) | 0.00% |
| Adv Savings (*****) | 0.00% |
| Adv Money Market (*****) | 0.00% |
| Adv Certificate of Deposit (*****) | 0.00% |
| Adv IRA (*****) | 0.00% |
| Adv 529 Plan (*****) | 0.00% |

How do you want to receive this statement? PDF or Print

NO BANK ACCOUNT

If no one in the household has a bank account, complete the **Statement of No Banking Institution Checking or Savings Account(s)** and get it notarized. Then, mail us the original document.

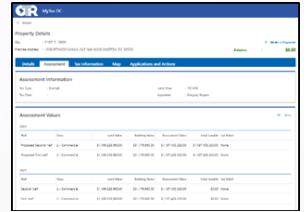


GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF ENERGY & ENVIRONMENT
NOTARIZED STATEMENT OF NO BANK ACCOUNT
I, the undersigned, do hereby certify that I have no bank account.
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OTHER ASSETS

REAL ESTATE

If you own real estate other than your primary residence, submit: passbooks or financial statements completed by a financial institution OR a real estate tax assessment or appraisal.



OR
Property Details
Assessment Values

OTHER ASSETS

If you own other assets, submit a document from a financial institution, stockbroker, real estate agent, etc. indicating the current value of the asset and penalties or reasonable costs needed to convert nonliquid assets into cash.

The **bolded** supplemental forms are available on our website at <https://doee.dc.gov/service/lead-reduction-program>. If you still have any questions about filling out the Lead Reduction Program application call (202) 671-1757 or email LaWanda.Jones@dc.gov.