

**TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments, (SSI), Workmen's Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, all other sources.

**LIST AMOUNTS RECEIVED BELOW:**

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	TANF	MONTHLY CHILD SUPPORT	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							
5							

Did you file a Federal income tax return for the most recent year? Yes  No   
 Does anyone outside of your household pay any of your bills or expenses? Yes  No  If yes: Explain below:

**EXPENSES:**

Extraordinary expenses required by employer	\$
Expense for care of children or sick, incapacitated person if necessary to employment	\$
Non-reimbursed medical expenses	\$
Alimony or child support payments	\$
Health Insurance Premiums	\$
Support of persons not residing with family	\$
Other	\$

**ASSETS;** List all assets for everyone who will live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. Do not include clothing, furniture or automobiles.

Household Member	Asset Type	Asset Value	Income	Imputed Income
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**NEXT OF KIN:** (person not residing in your residence)

\_\_\_\_\_  
 Name Address Telephone Number

The above information is correct to the best of my knowledge/ I further understand that the submission of any false information could result in eviction. **Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
 Signature Date

PLEASE COMPLETE THIS FORM COMPLETELY AND RETURN ON OR BEFORE \_\_\_\_\_