
Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members of age 18 or older on behalf of other family member under age 18.

At least one source of income must be specified. If you do not have any income, write 0 (Zero).

Full Name	Gross Income	How Often We/Bi-We/Month	Annual Income Amount	Income Source

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Annual Income Received from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds CD's Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Supplemental and Optional Contact Information

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please complete the information below.

Contact Name: _____

Organization Name and Address (if applicable): _____

Contact Telephone #: _____

Certification

Housing may be contingent upon the submission and verification of the evidence of citizenship or eligible immigration status prior to the housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

By submitting this form, I certify that the information provided is true and complete to the best of my knowledge and belief. Warning! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or misrepresentation to any department or agency of the United States.

Head of Household Signature: _____

Date: _____