

IV.

Does any household member receive, cash, tips, bonuses, commissions, or any type of compensation for providing any type of services?

YES / NO. If yes, list amount and sources: _____

Does any family member receive any income from self-employment, babysitting, doing hair, odd jobs or etc.? YES / NO If yes, list source

and amounts: _____

Did any household member file a federal income tax return last year? YES / NO If yes, list name: _____

Does anyone in your household participate in a job-training program? YES / NO If yes, list name: _____

Are there any family members who are temporarily absent from the home? YES / NO If yes, list name: _____

Does any member of the household receive child support directly from an absent parent? YES / NO If yes, list name: _____

Does anyone outside your household pay for any of your personal bills, household bills or living expenses? YES / NO If yes, explain: _____

Does anyone in your household receive money from someone outside your household to pay bills or living expenses? YES / NO If yes,

explain:

Does anyone in your household receive any type of income, money, or financial support from any sources other than the ones we have asked

about? YES / NO If yes, explain: _____

V. Assets. Does any family member receive income from assets, including interest on checking or savings accounts; interest and dividends from certificates of deposit, stocks, or bonds; income from rental property; income from self-employment, etc.? (YES / NO) If yes, list below:

Source (type of asset)	Balance or Value	Bank or Financial Institution Name	Interest Rate	Amt. of Dividends paid annually

Has any household member sold or given away any asset in the past two years? (This includes real estate, stocks, bonds, property, jewelry, stamp collections held as an investment, etc.)? YES / NO If yes, explain: _____

Does any household member have any type of retirement account (company, IRA, Keogh,)? YES / NO If yes, explain: _____

Does any household member have any inheritances, lottery winnings, or lump-sum payments from any other source? YES / NO If yes, explain: _____

Do any household members have any life insurance policies? YES / NO If yes, list Ins. company name, address, phone #, and policy #:

Does the family own a car / cars? YES / NO If yes, list model(s), year(s): _____

VI. Income Exclusions:

Does any member of your household receive food stamps? YES / NO If yes, list amount(s) _____

Has anyone in your household started a new job or had an increase in earnings? YES / NO If yes, answer the following questions:

1. Name of family member: _____
2. Is this person disabled? YES / NO
3. Has this person been unemployed for one year or longer? YES / NO
4. Is this person participating in any type of economic self-sufficiency program? YES / NO
5. Has this person received WFFA (AFDC) benefits in the last six months? YES / NO

VII. Expenses / Deductions

Childcare: Does any household member pay out of pocket childcare expense for a child age 12 or under? YES / NO If yes; list name, address, and phone # of childcare provider:

Do you have a DSS childcare voucher? YES / NO If yes, attach copy.

Is there any other household member who could care for this child? YES / NO

Disability Expenses: Do you pay for a care attendant or for any equipment for any household member with disabilities that is necessary to permit that person or someone else in the household to work? YES / NO If yes, are any of these expenses reimbursed by any person or agency?
YES / NO

VIII. Medical Expenses. (Only applicable to household whose head or spouse is 62 years of age or older or is a person with a disability).

Does any household member pay for Medicare? YES / NO If yes, list amount: _____

Does any household member pay for any type of medical insurance? YES / NO If yes, list insurance company and amount: _____

Is any household member paying on past medical bills? YES / NO If yes, explain: _____

Does any household member anticipate any medical expenses that will exceed 3% of your gross annual income during the next 12 months that will not be reimbursed by or paid for by any source outside of the household (This includes prescription and non-prescription drugs and other medical costs)? YES / NO If yes, list doctor or pharmacy name(s): _____

PETS - YES _____ NO _____

I do hereby swear or affirm that all of the information contained in this form about me is true and correct. I also understand that all changes in household income and / or household composition must be reported to the housing authority within TEN days. These changes must be reported in writing.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I understand that The Belmont Housing Authority has established a minimum rent that must be charged to all families, even if they have little or no income. If your family has been charged a minimum rent and you have a hardship situation, you should report the hardship and ask IF your minimum rent can be suspended.

Signature of head of household: _____

Date: _____

Signature of spouse: _____

Date: _____

Signature of other adult: _____

Date: _____

Signature of other adult: _____

Date: _____