

Income and Expenses Questionnaire

Resident Name: _____ Address: _____ Date: _____

Please describe how your household is meeting your basic daily/monthly needs by filling in ALL blanks on this form. DO NOT leave any blanks. Write N/A in the space if it does not apply to your household. Please answer questions honestly. A person found guilty of knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD or the Housing Authority may be subject to consequences up to and including termination of housing assistance, fined, and criminally prosecuted.

MONTHLY INCOME SOURCES:

What is the amount you and/or your household receives on a regular or occasional basis from the following?

- | | |
|-------------------------------|-----------------------------|
| a) Child Support _____ | g) Family/Friends _____ |
| b) Unemployment _____ | h) Workman's Comp _____ |
| c) SS and/or SSI _____ | i) AFDC/Welfare _____ |
| d) Gifts _____ | j) Retirement/Pension _____ |
| e) Insurance Settlement _____ | K) Other Source _____ |

What is the amount you and/or your household receive each month to assist with daily personal needs (cash or bills paid) by family, friends or any other source: \$ _____

List the Source(s) of this assistance: _____

MONTHLY EXPENSES:

1. RENT:

If you pay rent, source of funds used to pay rent: _____

2. UTILITIES/CABLE/INTERNET:

Do you have cable/satellite TV: _____ If so, monthly amount: \$ _____

Do you have internet service: _____ If so, monthly amount: \$ _____

Do you have video streaming service (Netflix, Hulu, etc.) _____ If so, monthly amount: \$ _____

What is the source of funds to pay for utilities/cable/internet: _____

3. PHONE:

Do you or anyone in your household have a home and/or cell phone: _____

Source of funds used to pay phone bill(s): _____

4. FOOD:

Do you or anyone in your household receive Food Stamps: _____ If so, monthly amount: \$ _____

Source of funds to buy grocery items (if no Food Stamps are received): _____

5. PERSONAL HYGIENE:

How much does your household spend on personal hygiene products (soaps, deodorant, hair products, make-up, over-the-counter medication, toilet paper etc.) per month: \$ _____

Source of funds for these items: _____

6. TRANSPORTATION:

What is your means of transportation? _____

How much does it cost monthly \$ _____

Does anyone in the household have a vehicle: _____ If so, is there a car loan payment: _____

Monthly car loan payment amount: \$ _____ Average spent on gas/upkeep per month: \$ _____

Do you pay auto insurance: _____ Monthly car insurance payment amount: \$ _____

Do you pay for State required registration and Inspections? _____ Total cost \$ _____

Source of funds for any of these items listed above: _____

7. CIGARETTES/VAPOR/ALCOHOL:

Do you or anyone in your household smoke/vape: _____ If so, monthly amount spent: \$ _____

Do you or anyone in your household drink alcohol: _____ If so, monthly amount spent: \$ _____

Source of funds for cigarettes/vape/alcohol: _____

8. LAUNDRY/CLEANING SUPPLIES:

Do you use a laundromat or own your own laundry facilities: _____ If so, monthly amount spent: \$ _____

Please list the average amount you or anyone in your household spends on household goods & cleaning supplies per month (toilet paper, paper towels, trash bags, laundry soap, etc): \$ _____

Source of funds for laundry/cleaning supplies: _____

9. CHILDREN:

Are there children in the household: _____ If so, how many: _____

Do you or anyone in the household pay for daycare/preschool: _____

If so, monthly amount: \$ _____ List the amount paid by state/county assistance: \$ _____

Source of funds to pay the above parent fee: _____

Do you or anyone in the household pay for diapers and/or other child needs: _____ List amount \$ _____

Source of funds to pay for these items: _____

Do you pay for school related expenses (lunches, supplies, class trips, fees, etc.): _____ List amount \$ _____

Source of funds to pay for these items: _____

10. CLOTHING, SHOES, ETC:

Please list the approximate amount you or anyone in your household spends on clothing, shoes, accessories, etc. per month: \$ _____ Source of funds to pay for these items: _____

11. ENTERTAINMENT:

Do you or anyone in your household go to movies, eat out, and/or participate in sports/recreation/entertainment activities, etc: _____ Source of funds for entertainment expenses: _____

12. PETS:

Are there any pets in the household: _____ If so, monthly amount spent for pet food, veterinarian care, toys etc: \$ _____ Source of funds for these expenses: _____

13. OTHER EXPENSES NOT LISTED ABOVE: (credit cards, medical expenses, loans, etc)

Are there any other expenses for this household: _____

Please list any other expenses: \$ _____

Source of funds for these expenses: _____

Please initial each question statement below to confirm you agree and understand as follows:

_____ I/We understand that I must complete this *Income and Expenses Questionnaire* during the first five business days of the month for as long as my household is not working or receiving regular reoccurring gifts, income and/or financial benefits from any source within or outside my household.

_____ I/We also understand my rent may be recalculated in order to be correctly charge based upon my Household's regular/reoccurring income from all sources. I/We will be required to pay or face termination of the lease agreement and any future federal housing assistance.

Signatures below affirm that I/we certify the above information to be correct and any misrepresentation of household income constitutes an act of fraud. Supplying false information may result in termination of my/our assistance and/or lease, as permitted by Federal Regulations and/or State and Local law.

Resident Signature: _____ Date: _____

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PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any Housing Authority (or any employee of HUD or the Housing Authority) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the Housing Authority responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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