

It is a requirement that you report the amount of your expenses and how they are paid. Please indicate the cost of each listed expense and the income source for each. If you do not see an expense listed, please write it in the blank box.

ITEMIZED HOUSEHOLD EXPENSES:

EXPENSE	COST	INCOME SOURCE (How do you pay?)
RENT	\$	
LIGHT BILL	\$	
TELEPHONE/CELL PHONE	\$	
CABLE	\$	
HEATING (OIL, GAS, ELECTRIC)	\$	
WATER/SEWAGE	\$	
FOOD (MONTHLY \$\$)	\$	
CAR PAYMENT	\$	
CAR TAX (YEARLY)	\$	
CAR INSURANCE	\$	
GAS (WEEKLY)	\$	
RENTERS INSURANCE	\$	
FURNITURE BILL	\$	
CREDIT CARDS	\$	
HAIR CARE	\$	
PERSONAL HYGIENE	\$	
LAUNDRY	\$	
	\$	

Please list the person(s) currently living in your household:

Please tell us what you are doing to find employment.

Warning: Section 1001 of the Title 18 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 of the United States Government.

Privacy Act Notice: The collection, maintenance, use and dissemination of SSNs, Employer Identification Numbers (EIN) any information derived from SSNs and EINs, and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State and Local Law.

Violence Against Women Act (VAWA) Notification: VAWA provides protections for victims of domestic violence, dating violence, stalking, or sexual assaults to prevent them from being denied admissions to or from losing housing solely as a result of being a victim. This protection extends to all household members listed on a housing assistance application or lease agreement. At any time it is made known to RHA that an applicant, resident or voucher recipient is a victim of domestic violence, RHA will pause its negative subsidy action to allow the victim the time needed to provide documentation/verification of the abuse.

Right to Reasonable Accommodation: Applicants and assisted families have the right to request reasonable accommodations. Please notify staff if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services.

CERTIFICATION

I, _____, hereby certify that I do not receive any income, earned or unearned unless otherwise documented. I am aware that this form must be completed and submitted to the Raleigh Housing Authority by the 5th day of every month. In the event that I, or any other family member, start receiving any type of income, I am aware that I must report this income change within 30 calendar days of the change. I will report this income change to the Raleigh Housing Authority by completing a Change of Status form and providing the required documentation.

 Head of Household Signature

 Date

 Household Member(s) Signature

 Date

DO NOT EMAIL YOUR COMPLETED FORM.

Fill out the form, print it, and mail, fax, or put it in the drop box at 900 Haynes Street, Raleigh, NC.