

EXPENSE AND INCOME AFFIDAVIT

Name: _____ Phone #: _____
 Address: _____ Email: _____

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED

Please answer the questions below by circling Yes or No and providing amounts as requested.
 Each question pertains to you and all other members of your household.

1.	Do you own a vehicle?	Yes	No	Monthly car payment(s): \$ _____ Monthly auto insurance: \$ _____ Monthly gas expense: \$ _____
	If yes, how many vehicles do you own?			
2.	Do you have internet at home?	Yes	No	Monthly internet payment: \$ _____
3.	Have you purchased any clothing for yourself or any members of your household during the past 30 days?	Yes	No	How much did you spend on clothing in the past 30 days: \$ _____
4.	Have you or any member of your household incurred any medical expenses in the past 30 days?	Yes	No	How much did you spend on medical expenses including doctor's visits, hospitalizations and prescriptions in the past 30 days: \$ _____
5.	Do you have telephone service in your apartment/home?	Yes	No	Monthly telephone cost: \$ _____
6.	Do you or any members of your household have a cell phone?	Yes	No	How many cell phones? _____ Monthly cell phone cost: \$ _____
7.	Do you subscribe to satellite or cable television?	Yes	No	Monthly satellite or cable television cost: \$ _____
8.	Do you have any school age children?	Yes	No	How much did you spend for school related items (books, paper, pencils, lunches, fees, etc) in the past 30 days: \$ _____
9.	Do you or any members of your household receive cash contributions from sources or persons outside the household?	Yes	No	Monthly cash contributions to you: \$ _____ Source of income for cash contributions: _____
10.	How much did you spend on food items for your household in the past 30 days?			\$ _____
11.	How much did you spend for household items (such as soap, shampoo, detergent, toothpaste, cigarettes, alcohol, deodorant, toilet tissue, diapers, etc. in the past 30 days?			\$ _____
12.	What were your utility costs (gas, electric, water) for the past 30 days?			\$ _____

Signature (head of household) _____ Date _____ Signature (co-head of household) _____ Date _____



EXPENSE AND INCOME AFFIDAVIT

Name: _____ Phone #: _____

Date of your last change in income reported to the AHA: _____

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED

Please answer the questions below by circling Yes or No and providing amounts as requested.

Each question pertains to you and all other members of your household.

Since the date of your last reported change of income:

1.	Has anyone moved into or out of your home?	Yes	No
	If yes, please provide full name and relationship:		
2.	Has anyone in your household applied for work?	Yes	No
3.	Has anyone in your household started a job?	Yes	No
4.	Has anyone in your household quit a job?	Yes	No
5.	Has anyone in your household been laid off or fired from a job?	Yes	No
	If you answered "yes" to question 4 or 5, what was the last date employed?		
6.	Is anyone in your household self-employed?	Yes	No
7.	Is anyone in your household employed either part-time or full-time?	Yes	No
8.	Has anyone in your household applied for and/or received any of the following:		
	Public Assistance	Yes	No
	Child Support	Yes	No
	Social Security	Yes	No
	SSI Disability	Yes	No
	TANF	Yes	No
	Food Stamps	Yes	No
	School Loans	Yes	No
	Unemployment Benefits	Yes	No
	Alimony or Maintenance	Yes	No
	Short or Long Term Disability	Yes	No
	Workman's Compensation	Yes	No
	Pension	Yes	No
	Grants/Scholarships	Yes	No
	Contributions	Yes	No
9.	Does anyone outside of your household pay any of your bills or give you money?	Yes	No

10.	Does anyone in your household receive any type of income or money not mentioned above?	Yes	No
11.	Please list the monthly amount you receive regularly for any of the categories below:		
	Food Stamps	per month: \$	
	TANF	per month: \$	
	Bills paid by others	per month: \$	
	Regular gift funds received	per month: \$	
	Monthly income from wages, tips, salary	per month: \$	
	Other (specify):	per month: \$	
	Total	Per month: \$	

I certify that the information I have provided on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned for up to five years if I furnish false or incomplete information.

Signature (head of household)

Date

Signature (co-head of household)

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of felony.

ZERO INCOME AFFIDAVIT

Housing Applicant / Program Participant Name: _____

Address: _____ City: _____ Zip Code: _____

1. I hereby certify that neither I nor any member of my household receives income from any of the following:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales or services from self-employed resources (Avon, Mary Kay, Shaklee, etc);
 - j. Any other sources not named above.

2. I currently have no income of any kind, from any source, and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature (head of household)

Date

Signature (co-head of household)

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of felony.