

THIS SECTION TO BE COMPLETED BY AND EXECUTED BY TENANT

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - 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 from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind 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: _____

EXPLANATION OF **HOW** BASIC NECESSITIES ARE MET MONTHLY

Explain exactly **HOW** each of your expenses is paid.

DO NOT leave any line blank, and complete answers are required.

If any item on this form is NOT ANSWERED or response is too vague, *THIS FORM WILL BE RETURNED TO THE HOUSEHOLD FOR CLARIFICATION AND COMPLETENESS.* To prevent a delay in the review of your application please make sure all information is completed.

If yes please have your family, friend or organization that provide you money to meet you basic necessities write a statement on the amount that they assist you with on a reoccurring basis.

Basic Necessity	Paid By	Amount Due or paid out monthly	Reoccurring assistance from family, friend or organizations
Rent		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
DOES THIS AMOUNT INCLUDE UTILITIES, IF YES WHAT UTILITIES <input type="checkbox"/> POWER, <input type="checkbox"/> GARBAGE <input type="checkbox"/> WATER <input type="checkbox"/> SEWER <input type="checkbox"/> OTHER			
Groceries		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Meals Out		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Electricity		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Heating (if other than Electric)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Telephone		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Cell Phone		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Cable TV or Satellite		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Water		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Sewer		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Automobile Payment		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Gasoline/Fuel		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Maintenance & Repairs		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Insurance (Auto)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Insurance (Health, Life)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Clothing for family		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Laundry & Cleaning Supplies		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Toiletries (personal hygiene items)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Over Counter medications		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Activities		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Child Care		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Child Support		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Education (school functions, supplies)		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Pets		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Allowances		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Gifts		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Cigarettes		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.
Other		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No.

The person signing below declares that the information provided on this form is correct and complete.

Signature

Date Signed

Signature

Date Signed