

_____ hours per _____

_____ \$ _____ per _____

_____ hours per _____

List all other sources of household income: Welfare, SSI/SSD/SSB, Social Security, Pension, Disability, Worker's Comp, Unemployment, Alimony, Child Support, Interest, Dividends, Annuities, Scholarships, Grants, any lump sum settlements, etc.

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

Does any family member own any real estate? _____ Yes _____ No
Value: _____



Do you pay for child care? _____ Yes _____ No
Cost per hour: \$ _____ Total cost per week: \$ _____ or month: \$ _____

Does Welfare help pay? _____ Yes _____ No
Your co-pay: \$ _____

Child Care Provider Name: _____ Phone # _____

Address: _____



ELDERLY/DISABLED FAMILIES ONLY

Do you have medicare? _____ Yes _____ No
If yes, what are your premiums? _____

Do you have any other kind of medical insurance? _____ Yes _____ No
If yes: Insurance Name _____

Address _____

Policy # _____ Premium Amount \$ _____

Does the state pay any of your medical expenses? _____ Yes _____ No
Do you make payments to a doctor, hospital or pharmacy? _____ Yes _____ No

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

List any other doctor prescribed/recommended out of pocket medical expenses:

PRIVACY ACT STATEMENT: The information on this form is being collected by HUD to determine the applicant's eligibility, recommended unit size, and the amount of contribution by the family. It will be used to provide the basis for managing the programs covered by this form, for protecting the government's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil, criminal or regulatory investigators of prosecutors. 42 USC 1437 et reg. OHCS 1981, PL 97-35, Stat 348.408.

I/We certify that the statements above are true and complete to the best of my/our knowledge. I/We understand that false statements are punishable under Federal Law.

Signature of Head of Household	Date
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Signature of other adult	Date
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