



Head of Household _____

Return to _____

Household Income and Expenses

Please answer the following questions below by circling "yes" or "no" after each question. Each question pertains to you as well as all other members of your household. Explain any "yes" answers in the comment section at the bottom.

If you have unstable or zero income, please be sure to complete the Zero Income Questions

CURRENT MONTHLY EXPENDITURES

Rent (Your portion)	\$	Phone	\$	Medical	\$	Credit Card	\$
Electric	\$	Auto Pmt	\$	Cable	\$	Credit Card	\$
Gas	\$	Auto Ins	\$	Insurance	\$	Loan	\$
Water	\$	Child Care	\$	Rentals	\$		

Do you have any other regular monthly payments besides those above? Yes No
 If yes, specify: _____

Please circle yes or no for each of the following questions:

1. Has anyone moved into or out of your home? Yes No
 If yes, who? _____ when? _____
2. Has anyone applied for work? Yes No
3. Has anyone in your household started a job recently? Yes No
 If yes, where? _____ When? _____
4. Has anyone in your household quit a job/been laid off? When? _____ Who? _____ Yes No
5. Is anyone in your household self-employed? Who? Yes No
7. Is anyone in your household currently attending a college/university? If yes, provide proof Yes No
8. Does anyone outside your household pay any of your bills, or give you money? Yes No

If yes, whom: _____

9. Check each box as applied, receive or no. Please do not leave any box unchecked:

	YES		No		YES		No
	Applied	Receive			Applied	Receive	
Food Stamps				Unemployment			
TANF				Child Support			
Social Security				Alimony or Support Payments			
SSI Disability				Workman's Compensation			

Please circle yes or no for the following question:

10. Does anyone in your household receive any type of income or money not mentioned above (Ex: Energy Assistance, Financial Aid-Grants)? Yes No

COMMENTS: Explain all "yes" answers:

I certify the answers I have given are true and complete to the best of my knowledge, and have no objection to inquires being made to verify any statement herein. I understand that I must report any income changes within 10 days.

Print Head of Household Name: _____ Date _____

Signature of Head of Household _____ SS# _____

Current phone number _____

The Housing Authority complies with all federal, state and local regulations prohibiting discrimination on the basis of race, color, Persons with a disability may request reasonable accommodation and/or reasonable modification in order to apply for or participate in the Housing Authority's programs and activities.

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 or services please contact Jeni Chavez, 504 Coordinator at (775) 887-1795.



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Zero Income Questions

How much do you pay for the following items?	Where do you get the money to pay for these items?	Count as income, provide proof
Food		
Toiletries		
Utilities		
Power		
Gas or Propane		
Child needs		
Clothes		
diapers		
formula		
Car Insurance		
Car Registration		
gas		
car upkeep		
cell phone		
house phone		
cable or satellite		
Are you or do you plan to look for employment?		
If No, why not?		

I understand that by signing below I agree that the monies collected to pay my household expenses are considered income and will be counted in calculating the portion of rent the Nevada Rural Housing Authority pays on my behalf.

Signature _____

Date _____