



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 of the page. If you have unstable or zero income, please be sure to complete the Zero Income questions on page 2.

CURRENT MONTHLY EXPENDITURES							
Rent (Your portion):	\$	Phone:	\$	Medical:	\$	Credit Card:	\$
Electric:	\$	Auto Payment:	\$	Cable:	\$	Credit Card:	\$
Gas:	\$	Auto Insurance:	\$	Insurance:	\$	Loan(s)	\$
Water:	\$	Childcare:	\$	Rentals:	\$		

Do you have any other regular payments besides those listed above? YES NO
 If yes, specify: _____

Please circle Yes or No for each of the following questions:

Has anyone moved into or out of your home? YES NO
 If yes, who and when? _____

Has anyone applied for work? YES NO

Has anyone in your household started a job recently? YES NO
 If yes, where and when? _____

Has anyone in your household quit a job or been laid off? YES NO
 If yes, who and when? _____

Is anyone in your household self-employed? YES NO
 If yes, who? _____

Is anyone in your household currently attending a college/university? YES NO

Does anyone outside of your household pay any of your bills, or give you money? YES NO
 If yes, whom? _____

Does anyone in your household receive any type of income or money not mentioned above? YES NO
 (Ex: Energy Assistance, Financial Aid/Grants)

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/Support Payments		
SSI Disability					Workers Compensation		

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 inquiries 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 or color. 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 Lena Frias, 504 Coordinator at (775) 887-1795.



3695 Desatoya Drive Carson City, NV 89701

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This institution is an equal opportunity provider and employer.



Zero Income Questions

How much do you pay for the following:	Where do you get the money to pay for these expenses?	
Food		
Toiletries		
Utilities		
Power		
Gas or Propane		
Child Needs		
Clothes		
Diapers		
Formula		
Car Insurance		
Car Registration		
Gas		
Car Maintenance		
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: _____



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