



Head of Household Name: _____

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 as all other members of your household. Explain any "YES" answers in the comment section at the bottom of the page. If an expenditure doesn't apply to you, enter "N/A" for not applicable. Please ensure both sides of this form are completed thoroughly,

CURRENT MONTHLY EXPENDITURES

Rent (<i>Your portion</i>):	\$	Phone:	\$	Medical:	\$		\$
Electric:	\$	Auto Payment	\$	Cable:	\$		\$
Gas/Propane:	\$	Auto Ins	\$	Medical Ins	\$		\$
Water/Sewer:	\$	Childcare:	\$	Rent to Own:	\$		\$

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:

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: who, 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 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 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	
TANF				Unemployment			
Pension / Retirement				Child Support			
Social Security / SSI				Alimony or Support Payments			
Tribal Funds				Worker's 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 inquires being made to verify any statement herein. I understand that I must report any income changes within 10 days.

Print Household Member Name: _____ Date: _____

Signature of Household Member: _____ SSN: _____

Phone Number: _____ Email Address: _____

The Housing Authority complies with all federal, state and local regulations prohibiting discrimination on the basis of race, 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 our 504 Coordinator at (775) 887-1795.



3695 Desatoya Drive Carson City, NV 89706
 Email form to participants@nvrural.org
 Phone: (775) 887-1795 • Fax: (775) 887-1798 • TTY: (800) 545-1833 ext. 545
 This institution is an equal opportunity provider and employer.



Zero Income Questions		
How much do you pay "Monthly" for the following:		Where do you get the money to pay for these expenses?
Food		
Toiletries		
Electric		
Gas / Propane		
Water / Sewer		
Trash		
Clothing		
Baby Diapers		
Baby Formula		
Car Insurance		
Car Registration		
Car Fuel (gasoline, etc.)		
Car Maintenance		
Cell Phone		
House Phone		
Cable, Streaming 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 Nevada Rural Housing pays on my behalf.

Signature of Household Member: _____ **Date:** _____

