

## Income Worksheet Form

**COMPLETE THE FOLLOWING WORKSHEET ONLY IF YOU ARE REPORTING ZERO INCOME OR INCOME THAT IS NOT SUFFICIENT TO COVER YOUR EXPENSES.** Please list all the cash and non-cash contributions the family is receiving. This family may be required to submit documentation as requested by BHA.

**Failure to complete this form accurately and completely or failure to supply any documentation required by BHA is grounds for termination from the program and possible evection from public housing units.**

### **Food Expenses:**

Groceries per week \$ \_\_\_\_\_ Food stamps received \$ \_\_\_\_\_

**Who helps pay or gives you food?** \_\_\_\_\_ Relationship \_\_\_\_\_

Amount per week \$ \_\_\_\_\_

**Cleaning and Paper Products Expenses:** Includes paper napkins, toilet paper, paper towels, trash bags, paper plates, plastic utensils, diapers, wipes, baby bottles, baby bottle liners, cleaning products including dishwashing soap, laundry soap, household cleaning products:

Who helps pay or gives you above items: \_\_\_\_\_ Relationship \_\_\_\_\_

Amount per week \$ \_\_\_\_\_

### **Transportation Expenses:**

Does the family own, rent or lease a car? YES / NO If yes, payments due on the car? YES / NO

**Who helps pay?** \_\_\_\_\_ Relationship \_\_\_\_\_

#### **Expense:**

Car Payments -----	Amount per Month \$ _____
Gasoline -----	Amount per Month \$ _____
Insurance -----	Amount per Month \$ _____
Taxes -----	Amount per year \$ _____
Maintenance, tires, repairs-----	Amount per year \$ _____

### **Entertainment Expenses:**

**Who helps pay?** \_\_\_\_\_ Relationship \_\_\_\_\_

#### **Expense:**

Cable/Satellite-----	Amount per month \$ _____
Magazines/books-----	Amount per week \$ _____
Movies -----	Amount per week \$ _____
Video/DVD/game rentals -----	Amount per week \$ _____
Club membership/admission fees -	Amount per week \$ _____
Dining out -----	Amount per week \$ _____
Liquor/beer/wine -----	Amount per week \$ _____
Lottery Tickets -----	Amount per week \$ _____
Vacations/Travel -----	Amount per week \$ _____
Skating/field trips/birthday parties -	Amount per week \$ _____
Other entertainment -----	Amount per week \$ _____
Cigarettes, cigars, etc. -----	Amount per week \$ _____

### **Clothing Expenses:**

**Who helps pay?** \_\_\_\_\_ Relationship \_\_\_\_\_

Amount per month \$ \_\_\_\_\_

### **Communication Expenses:**

**Who helps pay?** \_\_\_\_\_ Relationship \_\_\_\_\_

#### **Expense:**

Home telephone -----	Amount per month \$ _____
All Cell phones -----	Amount per month \$ _____
Internet Service -----	Amount per month \$ _____

**Housing Expenses:**

Who helps pay? \_\_\_\_\_ Relationship \_\_\_\_\_

**Expense:**

Rent Payments ----- Amount per month \$ \_\_\_\_\_  
Utilities ----- Amount per month \$ \_\_\_\_\_

(Include gas, electric, water, sewer, trash)

**Medical / Daycare / School Tuition / College Expenses:**

Who helps pay? \_\_\_\_\_ Relationship \_\_\_\_\_

**Expense:**

Medical Expenses ----- Amount per month \$ \_\_\_\_\_  
Un-reimbursed daycare ----- - Amount per month \$ \_\_\_\_\_  
School tuition expenses ----- Amount per month \$ \_\_\_\_\_  
Un-reimbursed college expenses -- Amount per month \$ \_\_\_\_\_

(Include tuition, books, fees, etc.)

**Credit:**

Who helps pay? \_\_\_\_\_ Relationship \_\_\_\_\_

**Expense:**

Loans ----- Amount per month \$ \_\_\_\_\_  
Credit Cards ----- Amount per month \$ \_\_\_\_\_  
Furniture Payments ----- Amount per month \$ \_\_\_\_\_  
TV/Computer Payments ----- Amount per month \$ \_\_\_\_\_

(Include ALL credit cards, loans, furniture payments, furniture rentals, etc.)

**Grooming Expenses:**

Who helps pay? \_\_\_\_\_ Relationship \_\_\_\_\_

**Expense:**

Hair / nail expenses ----- Amount per month \$ \_\_\_\_\_

(Include amounts for entire family)

**Income Received:**

Who pays you? \_\_\_\_\_ Relationship \_\_\_\_\_

**Income: (From friends or family)**

Alimony ----- Amount per month \$ \_\_\_\_\_  
Direct paid child support ----- Amount per month \$ \_\_\_\_\_  
Other assistance ----- Amount per month \$ \_\_\_\_\_

**Income from:**

Babysitting ----- Amount per month \$ \_\_\_\_\_  
Doing hair----- Amount per month \$ \_\_\_\_\_  
Work from home ----- Amount per month \$ \_\_\_\_\_  
Odd-jobs ----- Amount per month \$ \_\_\_\_\_  
Cooking/Baking----- Amount per month \$ \_\_\_\_\_  
Any other income ----- Amount per month \$ \_\_\_\_\_

**Comments or explanations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing below, I certify that the information provided by me in this document is true and complete. I further certify that I understand that all amounts of income must be reported to the housing authority. Income can be in the form of money, payment of bills on my family's behalf, purchase of supply items on my family's behalf, or the use of goods or services for my family's benefit.*

\_\_\_\_\_  
Applicant / Tenant Signature

\_\_\_\_\_  
Date

**Warning: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.**