



I, _____, do hereby certify that I am currently receiving no income from any source.

Answer the following questions:

	<u>Monthly Cost</u>	<u>Source for Payment</u>
Cost of supplies not covered by food stamps:		
<i>Paper products, cleaning supplies, personal care items, etc. per month?</i>	\$ _____	_____
Cost of utilities per month?	\$ _____	_____
Do you have a telephone? <input type="radio"/> Yes <input type="radio"/> No		
<i>If yes, cost of telephone per month?</i>	\$ _____	_____
Cost of medical expenses per month?	\$ _____	_____
Cost of clothing per month:		
<i>Cost of purchasing clothes?</i>	\$ _____	_____
<i>Cost of laundering clothes?</i>	\$ _____	_____
Do you own an automobile? <input type="radio"/> Yes <input type="radio"/> No		
<i>If yes, cost of insurance per month?</i>	\$ _____	_____
<i>If yes, cost of gasoline per month?</i>	\$ _____	_____
<i>If yes, cost of maintenance per month?</i>	\$ _____	_____
Do you smoke? <input type="radio"/> Yes <input type="radio"/> No		
<i>If yes, cost of cigarettes per month?</i>	\$ _____	_____
Do you have cable/satellite TV and/or internet? <input type="radio"/> Yes <input type="radio"/> No		
<i>If yes, cost of service per month?</i>	\$ _____	_____
Any other expenses: _____	\$ _____	_____
Total Monthly Expenses	\$ _____	

Tenant/Applicant Signature

Date

I have discussed this Certification of Household Income/Expenses with the Tenant/Applicant and assisted in completing the above monthly expenses from information they provided.

Owner/Management Agent Signature

Date

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

