

MONTHLY STATEMENT OF INCOME AND EXPENSES

This is to be completed each month by any tenant on the Section 8 Housing Assistance Program reporting "Zero" Income. FAILURE TO FILL OUT THIS FORM AND RETURN TO THE OFFICE BY THE 5TH DAY OF EACH MONTH MAY RESULT IN YOUR PARTICIPATION IN THE SECTION 8 ASSISTANCE PROGRAM BEING TERMINATED.

Name: _____

Address: _____ Phone: _____

Income for the Month of: _____

1. INCOME

In the past 3 months how many times have you... (List # of times/How much \$ you received)

Worked at Temp Agency/Day Labor? _____

List Agencies: _____

Worked for Cash? _____

Donate/sell Plasma? _____

Had a garage sale/pawn or sell items? _____

Request cash assistance from Community Resource? _____

List Agencies: _____
 & Amount

Other Sources of Income - Include cash paid directly to you, or money paid on your behalf

Any New or Ending Employment must also be reported on a "Change of Information".

2. Current Monthly Expenses:

How is this bill/expense paid each month?
(Include full name of friend or relative/agency/ etc.)

Rent (Your Share) \$ _____
Electric \$ _____
Gas \$ _____
Water \$ _____
TV/Cable \$ _____
Phone/Cell \$ _____
Medical \$ _____

Auto

Car Payment \$ _____
Insurance \$ _____
Gas for Car \$ _____

Credit Cards/Loans

Rentals \$ _____
(Furniture/Appliances/Etc.)
Credit Cards \$ _____
 \$ _____
Loan (1) \$ _____
Loan (2) \$ _____

Food/Misc.

Food \$ _____
Misc. Items \$ _____
(Personal items, clothing, cleaning supplies, Diapers)

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that if I furnish false or incomplete information or commit fraud, bribery, any other corrupt or criminal act in connection with any federal housing program the PHA will terminate or deny assistance.

Signature _____ Date _____

Spouse or Other Adult _____ Date _____