

Low Income Form

We are sending you this form because you have no income or your income is not enough to cover your rent and other basic living expenses.

Complete the questions on this form so we have a better idea of whether or not you are paying your bills; and if you have how you have done it.

Return the form within 15 days.

Your monthly income of \$ _____ is within \$200 of your housing cost of \$ _____ .

1. Check the bills below that are **overdue** or that you have collection notices for.

Provide us with copies of the bills you have checked that are overdue.

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Gas | <input type="checkbox"/> Cable/Satellite TV |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Telephone/Cell | <input type="checkbox"/> Charge Accounts |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Medical | <input type="checkbox"/> Other |

2. Do you have a car? YES NO (circle one)

If yes, how have you paid for the gas, insurance, and general maintenance?

Do you have car payments? YES NO (circle one)

If yes, and you are making the payments, how have you made them? If yes, and you have not made them, send documentation that you are behind in the payments.

3. How do you obtain food?

- SNAP/Food Stamps (Provide verification of the dollar amount of the food stamps.)
- WIC
- Other (Explain)

4. If you have met your expenses or supplemented your stated income, how have you done it?

Savings – To show withdrawals needed to meet expenses provide monthly statements for:

January February March April May June

July August September October November December

✓ **You must explain and document any deposits.**

Retirement funds. (IRA, 401k, 403b, etc.)

Please provide the 1099 for the prior year. If funds were withdrawn during the current year, provide documentation of the withdrawal(s).

Sale of goods

Provide a listing of goods sold, the amount of the sale, and who you sold the item(s) to on a separate piece of paper.

Financial assistance from friends or relatives

The form is enclosed and must be completed and signed in the presence of a notary public by the person giving you assistance. If additional forms are needed, call.

Other, explain and provide documentation:

I certify under the pains and penalties of perjury that all statements contained on this form and in my application are true, and that there is no understatement or misstatement of income or any other information. I understand that I will be liable for prosecution if I receive any benefits as a result of fraudulent statements in my application.

Applicant Name (Print): _____ Date: ____/____/____

Applicant Signature: _____ Date: ____/____/____

Interviewer Signature: _____ Date: ____/____/____