

Applicant: _____

Application No.: _____

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.

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

Please return the form within 15 days.

Your monthly income of \$ _____ is within \$100 of your housing cost of \$ _____ .

1. Please explain how you met your basic living expenses before ___/___/___, specifically:

Rent/mortgage: _____

Utilities: _____

Personal care, clothing, medical expenses: _____

Other: _____

2. Do you have a car? ___ Yes ___ No (check one)

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

Do you have car payments? ___ Yes ___ No (check 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 (Please explain)

4. Do you have any overdue bills or collection notices? ___ Yes ___ No (check one)

If yes, check the bills below that are overdue or that you have collection notices for.

You must provide us with copies of the bills you have checked that are overdue.

Rent

Gas

Cable/Satellite TV

Mortgage

Telephone/Cell

Credit/Charge Accounts

Electric

Medical

Other

5. Do you receive other non-cash assistance? ____ YES ____ NO (check one)

If yes, please tell us what it is and document it:

6. Have you used a money source listed below to meet or help meet your expenses?

____ Yes ____ No (check one) If yes, check the ones(s) below that apply.

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 If funds were withdrawn during the current year, provide documentation of the withdrawal(s).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

If yes, a Financial Assistance Statement 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, please 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. I understand that I will be liable for the full value of any assistance received as a result of a fraudulent statement or misstatement of information and subject to criminal prosecution.

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

Applicant Signature: _____ Date: ____/____/____

Interviewer Signature: _____ Date: ____/____/____