



Indicate the dollar amount for your current monthly expenses as listed below and **PROVIDE COPIES OF UTILITY BILLS FOR ALL EXPENSES:**

Item	Monthly Amount	Last Date Paid	Paid by Whom
Rent			
Electric			
Gas			
Water			
Cell Phone			
Home Phone			
Car Payment (s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan (s)			
Rentals			
Furniture			
Food			
Credit Cards			
TV/Cable			
Other Expenses			

CERTIFICATION OF INFORMATION

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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

I/We hereby certify that all of the information above about me (us) is true, correct and complete. Any information not true, correct or complete will be grounds for termination and/or denial of housing assistance. **(Initial here)** _____

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date

Interview Conducted by: _____

Date: _____