

Applicant: \_\_\_\_\_ Application No.: \_\_\_\_\_

**You have no income or your income is not enough to cover your rent and other basic living expenses. Complete the following questions so we will have a better idea of whether or not you have been paying your bills, and if you have, how you have done it. Return the form within 15 days.**

1. Check the bills below that are over due or that you have collection notices for. Provide us with copies.

<input type="checkbox"/> Rent	<input type="checkbox"/> Gas	<input type="checkbox"/> Cable/Satellite TV
<input type="checkbox"/> Mortgage	<input type="checkbox"/> Telephone	<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?

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?

Bank withdrawals - Provide monthly statements for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Sale of goods - Provide listing of goods sold, amount of sale, and who you sold the item to on a separate piece of paper.  
 Support from friends or relatives (Form is on the back. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_