



Emergency Rental Assistance Program

DISCLOSURE OF EXPENSES
ZERO INCOME REPORTING

Please check any of the following expenses that you pay on a monthly basis:

<u>Utilities</u>		<u>Monthly Payment</u>
_____	Electric	_____
_____	Natural Gas	_____
_____	Propane Gas	_____
_____	Fuel Oil	_____
_____	Water	_____
_____	Sewer	_____

<u>Miscellaneous Expenses</u>		<u>Monthly Payment</u>
_____	Car Payment	_____
_____	Car Insurance	_____
_____	Gasoline	_____
_____	Cable or Satellite TV	_____
_____	Telephone	_____
_____	Cell Phone	_____
_____	Day Care	_____
_____	Rental Centers	_____
_____	Internet Service	_____
_____	Clothing Expense	_____
_____	Smoking Expenses	_____
_____	Medical Expenses	_____
_____	Groceries (includes food, paper products, toiletries, cleaning supplies)	_____

If you do not have a car, what means of transportation do you use?
 _____ Cost: _____

Please list below any expenses you pay on a monthly basis that are not listed above:

_____ Monthly Payment: _____

_____ Monthly Payment: _____

ON REVERSE, PLEASE LIST ANY SOURCES OF INCOME YOU HAVE THAT ARE USED TO PAY THE ABOVE-LISTED EXPENSES.





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DISCLOSURE OF INCOME SOURCES

Periodic Gifts from Relatives and Friends:

_____ Amount How often received _____ From whom _____

_____ Amount How often received _____ From whom _____

_____ Amount How often received _____ From whom _____

Lump Sum Payments from Insurance Settlements:

_____ Amount When received _____

Income Tax Refunds:

_____ Amount When received _____

Please list below any other sources of income that you use to pay your expenses:

I/We hereby certify that the above listed information is accurate and correct to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal law. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse/Co-Head

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

