

Rogersville
Church Hill
Rutledge



TEL 423-272-8540
FAX 423-272-4710
TTY 1-800-848-0298

To fill out the Income Questionnaire:

First page:

It needs to say how much you are paying for everything. This lets us know how you would pay for an apartment if one was offered to you. **It cannot be less than \$100 per month. HUD DOES NOT RECOGNIZE ZERO INCOME.**

Second Page:

This page needs to be signed by you and the person who is willing to help you. It also needs to say how much the person is helping you with. It must be notarized (wait until you are in front of the Notary to sign the form).

Third Page:

This page needs to be filled out by you and with the person who is helping you stating how much they help with, and what it is used for. The person who is helping you will need to sign and put their information down. It must be notarized (wait until you are in front of the Notary to sign the form).

- **THE FIRST THREE PAGES MUST EQUAL THE SAME AMOUNT**
- **THESE FORMS CAN NOT HAVE ANYTHING MARKED OUT OR WHITED OUT. IF IT IS, YOU WILL HAVE TO FILL OUT A NEW FORM.**

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This checklist is for application reporting zero (0) to less than \$100 per month income. Dollar amount below should include cash assistance or estimated value of goods contributed. Food Stamps are not counted as income. HUD does not recognize zero income.

Living Expense	Do you have? Circle One	Dollar Amount	How Often?	Who Provides? (First and Last Name)
Food	YES NO		WEEK MONTH	
Eating Out	YES NO		WEEK MONTH	
Paper Products (toilet paper, paper plates, napkins, etc.)	YES NO		WEEK MONTH	
Cleaning Supplies	YES NO		WEEK MONTH	
Hygiene Products (shampoo, soap, make-up, etc.)	YES NO		WEEK MONTH	
Car Payment	YES NO		WEEK MONTH	
Car Insurance	YES NO		WEEK MONTH	
Car Maintenance / Gas	YES NO		WEEK MONTH	
Other Transportation	YES NO		WEEK MONTH	
Cable / Satellite	YES NO		WEEK MONTH	
Cell / Landline	YES NO		WEEK MONTH	
Internet	YES NO		WEEK MONTH	
Movie Rentals	YES NO		WEEK MONTH	
Vacation	YES NO		WEEK MONTH	
Memberships / Subscriptions	YES NO		WEEK MONTH	
Sporting Events	YES NO		WEEK MONTH	
Books, Newspaper, Magazines	YES NO		WEEK MONTH	
Other Entertainment (movies, pool, bowling, etc.)	YES NO		WEEK MONTH	
Liquor / Beer / Wine	YES NO		WEEK MONTH	
Tobacco Products	YES NO		WEEK MONTH	
Rent	YES NO		WEEK MONTH	
Utilities	YES NO		WEEK MONTH	

*** I certify this information is correct. I understand this must be signed by anyone who contributes to any expense listed above.

Signature

Date

Provider Signature

Date

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APPLICANT-TENANT INCOME SELF CERTIFICATION (2)

I, _____, do hereby certify that I do not have any income other than contributions from _____ in the amount of \$_____ per month.

Signature

Date

Signature

Date

(SEAL)

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public _____

My Commission expires: _____

*** Any person who makes or causes to be made, any false statement in writing, knowing it to be false and with the intent that it be relied on, respecting his financial condition for the purpose of obtaining or maintaining occupancy in the Housing Authority provided by a publicly subsidized housing development, or for the purpose of establishing or attempting eligibility for a reduction in housing rental charges or rent subsidy shall be guilty of a misdemeanor.

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Provider Income Verification

Anyone giving an applicant / resident of Rogersville Housing Authority "contribution income" MUST provide a notarized statement of how often and how much the contribution is.

Please include: Name, Address, and Contact Phone Number as well. If more than one person contributes to applicant / resident family, then more than one form must be filled out.

Name of Person Giving Contribution income: _____

Address: _____

Phone #: _____

I, _____, certify that I give _____
Person giving contribution *Applicant/Resident name*

\$_____ amount of money per month for the following items/needs:

_____.

*I understand that false statements are considered fraud and are punishable by law.

Signature of Contributor: _____ Date: _____

Notary Signature: _____ Date: _____

(Notary seal)