

**HOUSING AUTHORITY OF OKANOGAN COUNTY
SECTION 8 & TBRA RENTAL ASSISTANCE
INCOME/ASSET STATEMENT (2/20)**

NAME: _____ Email: _____
MAILING ADDRESS: _____
PHONE #: _____ Cell #: _____

HOUSEHOLD COMPOSITION: List all the persons who will be living in your home (include yourself).
Please use legal names.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SEX</u>	<u>DOB</u>	<u>S.S. NUMBER</u>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				

Single () or Marital Status: () Married () Divorced () Separated () Widowed
Have you ever served in the Armed Forces? () Yes () No

YOUR CHILDREN'S or DEPENDENT'S ABSENT PARENT:

NAME _____ ADDRESS _____
NAME _____ ADDRESS _____
Last Contact Date _____ Last Contact Date _____

Do You Share Housing With Someone Not Listed Above? YES _____ NO _____

If Yes: explain: _____

CURRENT INCOME SOURCES:

Head: Wages _____ Mo. Unemployment _____ Mo. Public Assistance _____ Mo.
SSI _____ Mo. SS _____ Mo. Child Support _____ Mo.

Spouse Wages _____ Mo. Unemployment _____ Mo. Public Assistance _____ Mo.
SSI _____ Mo. SS _____ Mo. Child Support _____ Mo.

OTHER WAGES: (Please list persons receiving)

Wages _____ Mo. Unemployment _____ Mo. Public Assistance _____ Mo.
Adult SSI _____ Mo. SS _____ Mo. Child Support _____ Mo.
School Grant/Loan _____ Mo. Pension _____ Mo. Alimony _____ Mo.
Per Capita _____ Fam. Member _____ Fam. Member _____

Food Stamps _____ Month. Child Care Benefit _____ Month.

Other DSHS Benefits: _____ Mo. (includes clothing allowances, car repair and travel expense in excess of \$499)

IS THERE ANY OTHER SOURCE OF INCOME COMING INTO THE HOUSEHOLD __YES__NO

If Yes, list the person receiving the income, the type of income and the amount below:

Name _____ Income _____ Amount _____

ASSETS:

CAR: Yr _____ Make _____ Model _____
License # _____

CAR: Yr _____ Make _____ Model _____
License # _____

HAVE YOU SOLD OR DISPOSED OF ANY ASSETS DURING THE LAST TWO YEARS? (Explain in detail): _____

COMPLETE AND SIGN BACK PAGE

CHECKING/SAVINGS/CERTIFICATE INFORMATION:

Bank _____ Savings Acct. # _____ Checking Acct. # _____

Bank _____ Savings Acct. # _____ Checking Acct. # _____

Interest Accrued from Accounts:

Other Accounts: Type of Account: _____ # _____

HAVE YOU RECEIVED ANY LUMP SUM PAYMENT OF ANY OF THE FOLLOWING:

INHERITANCES: YES ___ NO ___ MEMBER NAME: _____ AMOUNT \$ _____

LOTTERY: YES ___ NO ___ MEMBER NAME: _____ AMOUNT \$ _____

INSURANCE: YES ___ NO ___ MEMBER NAME: _____ AMOUNT \$ _____
(Health, L&I, Unemployment)

DO YOU OWN A HOME OR PROPERTY? YES _____ NO _____

HAVE YOU EVER OWNED A HOME OR PROPERTY? YES _____ NO _____ DATE _____

ALLOWANCES FOR HANDICAPPED/DISABLED ASSISTANCE EXPENSE: Applies only if a family member is handicapped/disabled and the expense allows the family member to work. Not paid or reimbursed by outside sources. Not paid to a family member.

ALLOWANCES FOR MEDICAL EXPENSES: Applies only for households whose HEAD or Spouse is age 62 or older, or if any family member is handicapped or disabled.

ALLOWANCES FOR CHILD CARE EXPENSES: Applies ONLY to amounts paid for care of children UNDER age 12. While you were working, looking for work or attending academic courses. Do you receive assistance from another agency or individual? ___YES ___NO If Yes, from who and how much each month do you receive? _____ How much do you pay _____

Name of Daycare Provider: _____

Address: _____ Phone #: _____

I understand and agree that the above information will have to be verified from the source.

Is any household member currently using illegal drugs? Yes ___ No ___ Has any household member ever been convicted of sale, distribution, or possession of illegal drugs? Yes ___ No ___ Does any household member have any arrests and/or pending court appearances due to illegal drug or criminal activities? Yes ___ No ___ Has any household member ever been convicted of a felony? Yes ___ No ___ If Yes to any of the above, when _____ and for what? _____

CERTIFICATION: I/We hereby certify that all the above information is true and accurate. I/We understand that any misrepresentation on my/our part will result in my/our application for housing assistance being rejected, or if I/we are house, based on any misrepresentation of information given in this form, I/we understand that my/our housing assistance could be terminated at a later date.

Signature of Head

Date

Signature of Spouse

Date

Signature of Other Adult (age 18+)

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES