



Date: \_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_

Your family has reported an **annual** income of less than \$6,000.00. Therefore, you are required to provide the following information related to normal living expenses. Enclosed you will find an Income Reporting Worksheet.

If you are a tenant your rent will not change, from what you are paying now, until we receive this information and verify it. You need to complete the

Income Worksheet and return it to the office prior to \_\_\_\_\_.

In addition, we will need **three (3) consecutive months worth of receipts** for the following:

- Groceries
- Cleaning Supplies
- Grooming Products
- Paper Products & Disposable Diapers
- Auto: Fuel, Registration, Inspections, Oil Changes and Other Maintenance
- Car Insurance & Proof of Insurance
- Car Payment
- Cable TV & Other Entertainment
- Clothing & Shoes
- Telephone, Cell Phone, Beeper/Pager, and Internet Service
- Electric & Gas Bills
- Cost of Housing

**\*All documentation requested needs to be consecutive and needs to be for the most recent months.**

Failure to provide the required documentation may result in termination of tenant's dwelling lease.

Sincerely,

*Stacia J. Waters*

Stacia J. Waters  
Executive Director



## Income Reporting Worksheet Verification of Cash & Non-Cash Contributions

Name \_\_\_\_\_ Total Number Members in Family \_\_\_\_\_

**Instructions:** This worksheet is to be completed for all families who report no income or annual income less than \$6,000.00. The form may be used prior to admission to or for re-certification for any housing program administer by Atlanta Property Management, DBA: NET Property Management – Atlanta \* Hughes Springs \* Linden. The form uses data from the Internal Revenue Service’s (IRS) Collection Financial Standards and provides allowances for food, clothing and other items, known as the National Standards. These standards are used to provide individuals with reasonable amounts for allowances for necessary expenses: food, housekeeping supplies, apparel and services, personal care products and services, and miscellaneous. **PROVIDE ORIGINAL RECEIPTS FOR EACH CATEGORY OR USE PRE-DETERMINED AMOUNTS AS SHOWN.**

LIVING EXPENSE ITEMS	AMOUNT
<p><b>Clothing, Shoes, &amp; Services:</b> This amount represents the average monthly cost of clothing, shoes, etc. Please enter one of the following amounts based upon family size.</p> <p>1-member \$21.00, 2-members \$39.00, 3-members \$52.00, 4-members \$61.00, 5-members \$68.00, 6-members \$75.00, 7-members \$82.00, 8-members \$89.00.</p>	
<p><b>Personal Care Products &amp; Services:</b> This amount represents the average monthly cost of personal grooming products such as soap, deodorant, shampoo, toothbrushes, toothpaste, barber or beauty shop visits, etc. Please enter one of the following amounts based upon family size.</p> <p>1-member \$8.00, 2-members \$13.00, 3-members \$15.00, 4-members \$17.00, 5-members \$24.00, 6-members \$31.00, 7-members \$38.00, 8-members \$45.00.</p>	
<p><b>Food Expenses:</b> This amount represents the average monthly cost of grocery for the family. Is the family receiving food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, what is the monthly amount \$ _____ and enter -0- in the amount column. If no, please enter one of the following amounts based upon family size.</p> <p>1-member \$162.00, 2-members \$298.00, 3-members \$426.00, 4-members \$542.00, 5-members \$643.00, 6-members \$772.00, 7-members \$853.00, 8-members \$975.00.</p> <p>Does anyone contribute groceries or prepared food to the family on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the average weekly value of groceries or prepared food contributed? \$ _____</p> <p><b>Verification: Check the receipts to make sure a family of that size could manage on the amount of food documented.</b></p>	

<p><b>Housekeeping/Supplies:</b> This amount represents the average monthly cost of household goods and cleaning supplies such as paper napkins, toilet paper, paper towels, trash bags, laundry detergent, dishwashing soap, etc. Please enter one of the following amounts based upon family size.  1-member \$14.00, 2-members \$30.00, 3-members \$32.00, 4-members \$37.00,  5-members \$44.00, 6-members \$51.00, 7-members \$58.00, 8-members \$65.00.</p> <p>Enter the average monthly cost of disposable diapers. \$ _____</p>	
<p><b>Miscellaneous:</b> This amount represents the average monthly cost of other living expenses that do not fall within the categories of food, housekeeping, personal care, transportation, utilities, etc. Please enter one of the following amounts based upon family size.  1-member \$22.00, 2-members \$41.00, 3-members \$49.00, 4-members \$59.00,  5-members \$66.00, 6-members \$73.00, 7-members \$80.00, 8-members \$87.00.</p> <p>Listed below are additional expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses:</p> <p>Church Contribution \$ _____ Un-reimbursed Education Expenses \$ _____</p> <p>Un-reimbursed Child Care Expenses \$ _____ Un-reimbursed Job Expenses \$ _____</p> <p>Loan Payments \$ _____</p>	
<p><b>Transportation:</b> Does the family own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No.  If yes, are there still payments due on the car? <input type="checkbox"/> Yes <input type="checkbox"/> No.  If yes, what is the amount of the monthly car payment? \$ _____.</p> <p>This amount represents the average monthly cost of operating a vehicle such as maintenance, repairs, insurance, fuel, registration, licenses, and inspections. Please enter one of the following amounts. 1 Car \$228.00, 2 Cars \$456.00.</p> <p><b>Note: Uninsured automobiles cannot be parked on PHA property.</b>  If family does not own a car, what does the family use for transportation? _____  How does the family pay for this transportation? _____  If someone other than an applicant/tenant family member contributes to other transportation cost, what is the average monthly amount contributed to transportation? \$ _____</p>	
<p><b>Entertainment:</b> Does the family have Cable TV service? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, does the family have any premium channels? <input type="checkbox"/> Yes <input type="checkbox"/> No  What is the average monthly cost of cable TV service? \$ _____  How does the family pay for the cable TV service? _____</p> <p>What are the average monthly costs of the following types of entertainment for the family?</p> <p>Magazines \$ _____      Movies \$ _____      Video Rentals \$ _____</p> <p>Vacations \$ _____      Cub Memberships \$ _____      Sporting Events \$ _____</p> <p>Lottery Tickets \$ _____      Liquor/Beer/Wine \$ _____      Other \$ _____</p>	

<p><b>Tobacco Expense:</b> Does anyone in the applicant/tenant household use a tobacco product?</p> <p>If yes, what type of tobacco product? _____ Brand? _____</p> <p>How many daily are used? _____ Cost each, per package, or per container? _____</p> <p><b>Verification: The family should document the brand of tobacco used.</b></p>	
<p><b>Communication:</b> Does the family have a telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many lines? _____</p> <p>Does the family have any special telephone services? (For example: call waiting, call forwarding, caller ID, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the average monthly cost for telephone service? \$ _____</p> <p>How does the family pay for the cost of telephone service? _____</p> <p>If the Family has any of the following, enter the average monthly amount.</p> <p>Cell Phone \$ _____ Internet \$ _____</p> <p>How does the family pay for these services? _____</p>	
<p><b>Housing &amp; Utilities:</b> If the Family has any of the following expenses enter the average monthly cost of each.</p> <p>Rent \$ _____ Mortgage \$ _____ Property Taxes \$ _____ Water \$ _____</p> <p>Interest \$ _____ Insurance \$ _____ Maintenance \$ _____ Sewer \$ _____</p> <p>Repairs \$ _____ Electric \$ _____ Gas \$ _____ Storage Rental \$ _____</p> <p>Garbage Collection \$ _____ Furniture/Appliance Rental \$ _____</p> <p>How does the family pay for these costs? _____</p>	
<p><b>Pet Expenses:</b> If the family has a pet, list the monthly expenses.</p> <p>Pet Food \$ _____ Veterinary Care \$ _____ Pet Supplies \$ _____</p> <p><b>NOTE: \$300.00 Non-Refundable Fee for a Pet; 1 Pet Limit.</b></p>	

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATE CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWING MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

**I do hereby swear and attest that all the information above is true and correct. I further understand that false statements or information are grounds for termination of housing assistance and punishable under State, Federal and Civil Law.**

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PHA Representative

\_\_\_\_\_  
Date

# WORKSHEET FOR INCOME

On the matrix below, compute the family's annual expenses using the amounts from the Income Worksheet. To compute annual expenses, multiply weekly averages costs by 52 and monthly average costs by 12.

TYPE OF EXPENSE	WEEKLY EXPENSES	MONTHLY EXPENSES	ANNUAL EXPENSES
1. CLOTHING			
2. GROOMING			
3. FOOD			
4. CLEANING & PAPER PRODUCTS			
5. MISCELLANEOUS			
6. TRANSPORTATION			
7. ENTERTAINMENT			
8. TOBACCO EXPENSE			
9. COMMUNICATIONS			
10. RENT			
11. YARD			
12. DEPOSIT			
13. NATURAL GAS			
14. ELECTRICITY			
15. MEDICAL			
16. PET			
TOTALS			