

Asset Information:

Name of Bank and/or Savings Institution: _____

Circle sources of assets: Checking Savings CD IRA/KEOGH Stocks/Bonds

Other: _____

Child Care Information: Do you pay for childcare while you work or attend school? _____

If yes, how much? _____ Per _____ hour/day/week/month

Provider's Name and Address: _____

IF YOU ARE ELDERLY, HANDICAPPED OR DISABLED, PLEASE CIRCLE ALL MEDICAL EXPENSES THAT YOU MUST PAY FOR.

Medicare Spend-downs Health Insurance Doctor Dentist Eye Care Prescriptions

Name of Doctor/Dentist/Eye Care Provider: _____

Name of Pharmacy: _____

Attach all over the counter item receipts to this application.

I/We certify that the information given to the Allen Metropolitan Housing Authority for household composition, income, net family assets and allowances/deductions is accurate and complete to the best of my/our knowledge and belief.

I/We understand that false statements or information are punishable under federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

All household members 18 years of age and older must sign below.

Head of Household

Date

Spouse/Friend/Co-Head

Date

Child/ Other person over 18 years

Date

Housing Authority Representative

Date