

## INCOME / ASSET SHEET

Region XII Regional Housing Authority ♦ 320 E 7th Street, PO Box 663 ♦ Carroll, IA 51401  
Phone: 712-792-5560 ♦ Fax 712-792-1650

Please include information for **ALL** household members.

Failure to provide readable information and everything required may put your assistance at risk. PLEASE PRINT NEATLY. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Head of Household \_\_\_\_\_

Phone \_\_\_\_\_

Full Address, including City, State and Zip \_\_\_\_\_

**Household Information:** Starting with the Head of Household (HOH), complete the following information for ALL adults and children living in the household. List all adults first then children, include each person's relationship to the HOH.

#	First Name	M.I.	Last Name	Relationship to HOH	Age	Sex
1				HOH		
2						
3						
4						
5						
6						
7						

Is the HOH or Spouse (check ANY that apply): **62 or older (Elderly)** \_\_\_\_\_ **Disabled** \_\_\_\_\_

Is any member of the household required to register on a sex offender registry? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Income Information:** Circle **Yes** or **No** for each income type. If yes, complete all information, providing accurate **CURRENT** and **ANTICIPATED** income for ALL family members. **Attach all required documentation.**

YES	NO	Family Member	Income Type	Required Documentation	Monthly Gross Income
Yes	No		Job	Pay Stubs - past <b>6 weeks</b>	
			Employer:	or since start of job (whichever is less)	
			Employer:		
Yes	No		Self Employment	2 yrs Tax Returns/P&Ls	
Yes	No		Unemployment	Benefits Letter	
Yes	No		Social Security	Benefits Letter	
Yes	No		SSI	Benefits Letter	
Yes	No		Other Disability	Benefits Letter	
Yes	No		Pension	Benefits Letter	
Yes	No		FIP	Benefits Letter	
Yes	No		Child Support	Record of Payments	
Yes	No		Alimony	/Court Order	
Yes	No		Military Pay	Pay Stubs	
Yes	No		Rental Inc./Land Contract Payment	Lease / Sales Contract	
Yes	No		Retirement Plans	Statement	
Yes	No		Gifts/Support from Others: Others paying your bills or giving you \$\$	Statement from Payees	
Yes	No		Odd Jobs/Hobbies/Other:		

**Is any member of your household:**

18 Years of age or older attending high school full time? If yes, Who & Where:

\*Provide current class schedule.

18 Years of age or older attending college full time? If yes, Who & Where:

\*Provide current class schedule or proof of FT enrollment

**Asset Information:** Circle Yes or No and provide the most recent statement or policy for each asset showing the current balance or value.

Owned?		Family Member #	Asset Type	Amount/ Value	Account Numbers, Names, Addresses, etc
Yes	No		Cash		
Yes	No		MoneyCards		
Yes	No		Checking Account		
			<b>Bank Name:</b>		
			<b>Bank Name:</b>		
Yes	No		Savings Account		
			<b>Bank Name:</b>		
			<b>Bank Name:</b>		
Yes	No		401K/IRA/Retirement Assets		
Yes	No		Stocks/Bonds/Mutual Funds		
Yes	No		Certificate of Deposits (CDs)		
Yes	No		Real Estate		
Yes	No		Life Insurance: TERM or WHOLE		
Yes	No		Other		

**Allowances:**

**CHILD CARE COSTS:**

Do you pay childcare expenses out of pocket while you work, go to school, or look for work? YES or NO

If yes, complete below and provide receipts or a statement from the provider estimating fees to be paid in the next year.

Family Member(s) Care Provided For	Name of Provider	Amount You Pay	Address

**FOR ELDERLY AND DISABLED ONLY** (other applicants skip this section):

Indicate items and amounts that you pay out-of-pocket and *provide receipts or statements from providers detailing fees you have* paid in the past 12 months or expect to pay in the next year.

YES	NO	Family Member	Allowance Type	Amount You Pay	Providers' Names / Addresses
Yes	No		Medicare Premiums		
Yes	No		Supplemental Health Insurance		
Yes	No		Medical Costs		
Yes	No		Prescription Drugs		
Yes	No		Disabled Dependant Care Costs		
Yes	No		Other		

Have you sold or given away any assets in the past two (2) years? YES or NO

If yes, please explain: \_\_\_\_\_

I/We certify that the information given to RHA is accurate and complete to the best of my/our knowledge and belief. I/We understand that submittal of false statements or information is punishable under Federal law and reason for denial or termination of assistance. **All adult household members must sign below.**

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

**Before Returning:** Did you remember to attach **ALL REQUIRED** verifications?

(Paystubs, Bank Statements, Daycare Allowances, Proof of all Out of Pocket Medical Expenses)