

OSHKOSH / WINNEBAGO CTY HOUSING AUTHORITY -- MONTHLY INCOME DECLARATION

Interim Reevaluation – Families with Minimal Income **For the Month of:** _____ **(previous month's information)**

Tenant Name:	Tenant Phone:
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Complete ALL fields on this form. Please answer the questions below by checking “yes” or “no” after each question. Each question pertains to you as well as all other members of your household. Explain any “yes” answers in the comment section at the bottom.

A. Your current monthly income totals: \$

Since the date of your last income declaration:

1. Has anyone moved into or out of your home?..... Yes No
 If yes, who (name, date of birth, relation)? _____
2. Has anyone applied for work? Yes No
3. Has anyone in your household started a job? (If yes, list below the employer, start date, pay) Yes No
4. Has anyone in your household quit a job? Yes No
 or been laid off / ended work? Yes No
5. Is anyone in your household self-employed? Yes No
6. Is anyone in your household employed, either part-time or full time? Yes No
7. Has anyone applied for any of the following?

Social Security/SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Veterans Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Utility Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TANF (W2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support/Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Did anyone in your household receive any of the following?

TANF (W2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disability Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security/SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
9. Did anyone outside of your household pay for any of your bills, or give you money?..... Yes No
10. Does anyone in your household sell plasma or participate in a medical study? Yes No
11. Does anyone in your household receive income from recycling bottles/cans? Yes No
12. Does anyone in your household receive financial aid for college, technical or trade school? Yes No
13. Does anyone in your household receive adoption, kinship or foster care fees? Yes No
14. Did anyone in your household receive any income, money, or assets not mentioned above? Yes No

Comment: Explain any “Yes” answers, including type & amount of assistance, dates received / ended, and names of anyone involved:

I certify that the answers I have given are true and accurate to the best of my knowledge, and have no objection to inquiries being made to verify any statement herein. I will report to the Oshkosh/Winnebago County Housing Authority any change in my income situation while receiving assistance under the Section 8 Housing Choice Voucher Program, Section 8 New Construction Program, or Public Housing Program. During the period that I have no income, I agree to re-certify my income status every 30 days with the Oshkosh/Winnebago County Housing Authority. Failure to comply with the above may result in termination of assistance.

Signature of Head of Household _____ **Date** _____

Signature of Other Adult _____ Date _____

*****Warning! Title 18, Section 1001 of the U.S. code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.**

PLEASE TURN OVER AND COMPLETE BACK SIDE

Please check one of the following:

_____ I am not currently working nor receiving any child support payments, alimony, Workman's Compensation, W-2, unemployment, SS/SSI, pension, self employment income including child care or any monies from an outside source.

_____ I currently have no income, however, I receive monies from an outside source for food, rent payments, utilities, etc. The amount I receive per month is \$ _____.

_____ I now have income as fully disclosed on the previous page.

Families who report low or zero income are required to complete a written certification every 30 days. Families that report low or zero income will be required to provide information regarding their means of basic subsistence, such as food, utilities, transportation, etc. This certification is required every 30 days. Please provide detail of your family's monthly expenses. If the family's expenses exceed their known income, the Housing Authority will make inquiry of the head of household as to the nature of the family's accessible resources. COMPLETE ALL FIELDS BELOW.

Expense	Monthly Cost	Source of Payment	Explanation
Vehicle- Loan/Lease			
- Fuel			
- Insurance			
Food			
Rent			
Clothing			
Furniture			
Appliances/Electronics			
Utilities			
Phone / Cell phone			
Cable TV/Internet			
Entertainment			
Cigarettes / Alcohol			
Paper Products (toilet paper, paper napkins, paper towels, trash bags, other paper products, diapers)			
Cleaning supplies (laundry soap, dishwashing soap, household cleaning products)			
Grooming products / services (soap, deo, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician, etc.)			
Medical expenses			
Other:			
Other:			
TOTAL			

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