

1. Please list the source and amount of all income expected for the next 12 months for each family member, including yourself. Include all earning and benefits received from AFDC /TANF / WFFA, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. EXAMPLE: Name, Wages, Hourly Rate, Hours/week, \$150/week - Name, SSI, \$421/month

Family Member Name	Income Source	Hourly Rate \$	Hours Per Week	Average Pay Amount \$	Frequency - Per
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

Name and address of employer: _____

2. Does your household receive food stamps? YES NO If yes, list amount your household receives monthly _____

3. Does anyone outside your household pay for any bills or give you money? YES NO
If yes, give name and address _____

Amount and frequency _____

I do hereby swear and attest that all of the information above about me and my family are true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members / composition must be reported to the Housing Authority IN WRITING within 14 days.

By checking box on left I / We hereby give the Gastonia Housing Authority permission to perform criminal and credit background investigations for the purposes of determining eligibility (applies to Public Housing applications only).

**By signing this form, I/We recognize that the Lessor or his agent may investigate the information supplied by the applicant, and disclosures of pertinent facts may be made to the lessor.

**Warning: 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

**I understand that all notifications are through the mail. If I do not respond or the mail cannot be delivered to the address given, my application will be deleted from the waiting list.

Applicant's Signature Date

Co-Applicant's Signature Date