

QUARTERLY INCOME QUESTIONNAIRE AND CERTIFICATION

This form must be completed and returned within 14 days of the date sent in order to remain in compliance. Failure to return the form could result in termination from the Section 8 Rental Assistance Program.

Please answer each question and fill in every line. THE FORM WILL BE RETURNED AND CONSIDERED INCOMPLETE IF THERE ARE ANY BLANK SPACES.

Name of Head of Household

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 our Housing Specialist: Nancy Zikuda at 262-723-6123. Advance notice of 14 days is required in order to arrange for interpreter services.

EXPENSES	How is this paid for? List all sources	How often is this received?	Amount Received
Food			
Groceries			
Fast Food Costs			
Restaurants			
Adult Beverages			
Shelter Costs			
Electricity			
Gas			
Water/Sewer			
Grooming Supplies (shampoo, soap, deodorant, etc.)			
Personal Care Supplies (make-up, hair, nails, tanning, etc.)			
Household Supplies			
Cleaning supplies (laundry detergent, dish soap, etc.)			
Paper products (toilet paper, tissues, paper towels, etc.)			
Computer supplies			
Tobacco products			
Over the counter medications			
Diapers/wipes			
Pet Costs (vet bills, food, license, litter, etc.)			
Comments:			

EXPENSES	How is this paid for? List all sources	How often is this received?	Amount Received
<u>Transportation</u>			
Vehicle loan payments			
Vehicle insurance			
Gasoline			
Gas money to friends			
Vehicle maintenance			
Bus Fare			
Taxi Fare			
<u>Entertainment</u>			
Cable/satellite			
Video rentals			
Movies			
Sporting events			
Other entertainment			
Gambling			
Vacations			
<u>Clothing Expenses</u>			
Clothing			
Shoes			
Laundry			
Jewelry			
<u>Medical/Disability Expenses</u>			
Co-Pay			
Insurance premium			
Medicine			
Attendant care			
<u>Child Care Costs</u>			
<u>Communication</u>			
Cell phone			
Internet			
Pager/beeper			
<u>Credit Card</u>			
<u>Credit Card</u>			
<u>Credit Card</u>			



WALWORTH COUNTY HOUSING AUTHORITY

affordable housing is the foundation to build a strong community

20 N Church Street, Suite 1 • Elkhorn, Wisconsin 53121

Phone: 262-723-6123 • Fax: 262-723-2079

VERIFICATION OF FAMILY CONTRIBUTION

THE FOLLOWING INFORMATION IS REQUIRED BY THE WALWORTH COUNTY HOUSING AUTHORITY ON BEHALF OF AN APPLICANT/TENANT OF THE SECTION 8 RENTAL ASSISTANCE PROGRAM.

To: _____ Date: _____

Name of applicant/tenant: _____

Address: _____

Amount of monthly family contribution: \$ _____

Purpose if family contribution: _____

Penalties for Committing Fraud: The US Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Terminated from the Program or denied eligibility
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned up to five years
- Prohibited from receiving future assistance

Other penalties may apply under state and local government law.

By signing below, I/we are certifying that I/we have completed this questionnaire and that the answers that I/we have given are true and complete to the best of our knowledge.

I certify that the above named tenant/applicant receives this contribution from me to help supplement the cost of monthly living expenses.

Signature: _____ Date: _____

Address: _____

Phone Number: _____

Relationship to applicant/tenant: _____



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CERTIFICATION OF ZERO INCOME

(Certification is Required for Each Household Member 18 and Over)

I hereby certify that I receive no income from any of the following sources:

- Regular recurring contributions from persons or agencies outside the household (*complete attachment*)
- Wages and salaries
- Cash employment
- Wages earned through a government program such as: Senior Aides, Older American Community Service Employment Program, AmeriCorps, etc.
- Tips, bonuses or commissions
- Overtime pay
- Income from operation of a business, including Avon, Mary Kay, Shaklee, etc.
- Social Security and/or SSI
- Death benefits
- Pensions/retirement funds
- Annuities or non-revocable trust
- Unemployment or disability
- Military pay
- Workman's Compensation
- Public Assistance/TANF
- Alimony and/or child support
- Income from rent or sale of property
- Periodic payments from lottery winnings
- Insurance policies
- Severance pay

I certify that I have no income at the present time nor do I expect to have income within the next 90 days. I certify that all information provided is true and complete to the best of my knowledge. Willful misstatement of income is punishable by fine, imprisonment or termination of rental assistance. I understand that I will be required to repay any overpaid rental assistance I may have received.

Name

Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.
