

## TENANT- BASED RENTAL ASSISTANCE INCOME CHECKLIST

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked yes. Failure to comply could result in the termination of assistance.

Name: _____	Telephone Number: (     ) _____	County: _____
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**Complete each item:**

**Yes    No**

- I am self-employed.
- I have a job and receive money/wages. I earned \$ \_\_\_\_\_ in the last 12 months.  
 Name of Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Fax #: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_
- I receive tips. If yes, how much per week? \$ \_\_\_\_\_.
- I am a full-time student.  
 Name of School: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_
- I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.  
 Source Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Fax #: \_\_\_\_\_
- I receive periodic payments from Workers' Compensation.
- I receive military active duty allotments.
- I receive Veteran's Administration benefits.
- I receive Social Security.
- I receive Supplemental Security Income (SSI).     Federal     State
- I receive disability or death benefits **other than Social Security**.  
 Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Fax #: \_\_\_\_\_
- I receive a cash Public Assistance grant (FIP, SDA, RAP).  
 DHSCaseworkerName: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax#: \_\_\_\_\_
- I receive Medicaid.
- I receive unemployment benefits.

I receive child support or alimony. If yes, from how many persons do you receive support? \_\_\_\_\_  
If yes, is child support paid directly to Department of Human Services (DHS)? Yes No  
If not paid directly to DHS:  
Friend of the Court Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax#: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

I receive adoption assistance payments.  
  I receive periodic payments from a trust, annuity or inheritance.  
Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax#: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

I receive periodic payments from insurance policies.  
Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ per \_\_\_\_\_

I receive periodic payments from retirement funds or pensions.  
Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

I receive periodic payments from lottery winnings.  
Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

I receive income from rental of real estate or personal property.  
Describe: \_\_\_\_\_

I receive income from Indian Trust Land.  
  I own real estate. Describe: \_\_\_\_\_  
\_\_\_\_\_

I own a mobile home. Describe: \_\_\_\_\_

I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.)  
Describe: \_\_\_\_\_

I have saving accounts at: \_\_\_\_\_  
(list names of banks, credit unions, savings and loans, etc.)

I have checking accounts at: \_\_\_\_\_  
(list names of banks, credit unions, savings and loans, etc.)

I have time certificates or certificates of deposit at: \_\_\_\_\_  
(list names of banks, credit unions, savings and loans, etc.)

I have IRA's or Keogh accounts at: \_\_\_\_\_

I have Treasury Bills, Stocks or Bonds. Check which one(s)  Treasury Bills  Stocks  Bonds

I have a life insurance policy with a cash surrender value.

I have a land contract(s).

I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.

List items: \_\_\_\_\_ Sale amount \$ \_\_\_\_\_

I have income/assets from sources **other** than those listed above. Type: \_\_\_\_\_

I pay Medicare premiums **and** I am elderly (age 62 or older) or disabled.

I pay medical insurance premiums, other than Medicare, **and** I am elderly (age 62 or older) or disabled.

Name of Insurance Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

I pay medical expenses, which are not reimbursed by insurance, **and** I am elderly (age 62 or older) or disabled.

Name of each Licensed

Health Care Provider: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax #: \_\_\_\_\_

I pay prescription expenses which are not reimbursed by insurance, **and** I am elderly (age 62 or older), or disabled.

Name of Pharmacy: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax #: \_\_\_\_\_

I pay chore care provider expenses, which are not reimbursed by insurance, **and** I am elderly (age 62 or older) or disabled.

Name of Chore Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed, or to further my education. If yes, DHS pays:  Full  Partial payment.

I pay child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed, or to further my education.

Name of Child Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

- I pay handicap care expenses for a disabled family member in order to be gainfully employed.
- I pay handicap equipment expenses for a disabled family member.

Describe: \_\_\_\_\_

- I have a family member(s) age 17 or under who has unearned income (example: Social Security).

List their names and type(s) of income: \_\_\_\_\_

- I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

List their names and type(s) of income: \_\_\_\_\_

- I have a family member(s) age 5 or under who has an *identified* environmental intervention blood lead level (EIBL).

List their names: \_\_\_\_\_

**All adult household members** must sign a copy to certify that their information is included and accurately reported. Failure to comply could result in the denial/termination of assistance.

<p><b>Certification:</b>                  I hereby attest that I have reviewed this entire form and that all of my family information, income, assets and expenses have been accurately reported. I understand that providing false information will result in denial or termination of benefits. I understand that I must report any increase of income to my MSHDA Program Administrator in writing within 14 calendar days of the increase.</p> <p style="text-align: center;">_____ Signature Head of Household                      Date</p>	<p><b>Certification:</b>                  I hereby attest that I have reviewed this entire form and that all of my information, income, assets and expenses have been included and accurately reported. I understand that providing false information will result in denial or termination of benefits. I understand that I must report any increase of income to my MSHDA Program Administrator in writing within 14 calendar days of the increase.</p> <p style="text-align: center;">_____ Other Adult Signature                      Date</p>
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Please return to: