

SURVIVAL STATEMENT

1. List the names of each person who has resided in this household for **ANY PERIOD** during the recertification period:

2. List below **ANY** income by **ANY** family member during this month. Income from **ALL** sources should be listed. Some examples might include: welfare, social security, unemployment, child support, wages, occasional earnings (babysitting, car repair, lawn mowing, housecleaning, etc.). Gifts from family, friends or churches are considered income sources:

Name of Family Member	Where did the money come from?	How often? Weekly/Monthly?	Does s/he still get it? If not, why?

3. Did you file income taxes for the current tax year? Yes No

4. What utilities are you responsible for? (Circle those that you pay for):

Electricity Gas Oil Propane Garbage WaterSewer

How do you pay them? _____

Do you have a telephone? Yes No Average Monthly Bill: \$ _____

Do you have Cable TV? Yes No Average Monthly Bill: \$ _____

Are any of your utilities in someone else's name? Yes No

If yes, which utilities, and whose name are they in? _____

Include an attachment of each utility company bill including Telephone and Cable TV, SHOWING THE LAST 12 MONTHS' BILLINGS AND PAYMENTS RECEIVED.

5. List each car owned by any member of your household:

Owner's Name	Make and Model	Year	Mileage	Average Miles/Month

How much do you spend each month for gas? \$ _____

How much is your car insurance? \$ _____ per month for 6 months

How do you pay for it? _____

When is your next auto insurance payment due? _____

How do you pay for title and registration fees? _____

How do you pay for repairs? _____

Survival Statement

6. Do you ride the bus? Yes No
 How do you pay bus fares? _____
7. Does a relative or friend provide you transportation? Yes No
 Who? _____
 Do you pay him/her for gas? Yes No How much? _____
 How did you get here today? _____
8. Do you receive food stamps? Yes No How much? _____
 What is the average monthly cost of food for your household? \$ _____
9. How do you pay for non-food items such as cigarettes, paper products, laundry soap, cosmetics, etc?

10. How do you pay for haircuts? _____
11. Do you have any of the following:
- | | | |
|---------------------|--|--------------------|
| Installment Loans | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ per month |
| Rent-to-Own Account | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ per month |
| Credit Cards | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ per month |
| Layaway Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ per month |
- How do you make the payments? _____
 How do you provide clothing for your family? _____
 How do you pay for recreation and entertainment such as movie rentals, eating out, etc.? _____

12. Have you or family members seen a doctor during this period? Yes No
 If yes, how did you pay the bill? _____
 How much was it? \$ _____ Do you currently owe a bill Yes No
 Have you had prescriptions filled? Yes No How much? \$ _____
 How did you pay for them? _____

BEFORE YOU SIGN THIS DOCUMENT, PLEASE CAREFULLY READ THE FOLLOWING:
SECTION 1001 TITLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.

By signing this document I declare, under penalties of perjury, that the information is true to the best of my knowledge.

The information you have given the Washington County Department of Housing Services will be kept as confidential as possible. However, we feel that your should be aware that this information may be seen by someone other than a Housing Authority employee (for example, an auditor).

Signatures:

 Head of the Household Date

 Spouse/Other Adult Date

 Other Adult Date



DECLARATION OF NO INCOME

I/We _____
List names of all adults in the household with no income

declare, under penalties of perjury, that I am/we are receiving no income, from any source whatsoever, at the present time. Should this condition change, I/we promise to notify the Washington County Department of Housing Services **in writing** within ten (10) days of its occurrence.

I/we also understand that discovery of income from any source (after signing this form) is cause for termination of housing assistance.

_____ Head of Household Signature	_____ Printed Name	_____ Date
_____ Spouse/Other Adult Signature	_____ Printed Name	_____ Date
_____ Spouse/Other Adult Signature	_____ Printed Name	_____ Date

As the Head of Household, I confirm that the above person(s) have no income from any source at this time, and I understand that I am responsible to report any change in this condition to the Housing Authority **in writing within ten (10) days:**

_____ Head of Household Signature	_____ Printed Name	_____ Date
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DECLARACIÓN DE NO TENER INGRESOS

Yo/nosotros _____
Nombres en letras de molde de todos adultos en la familia que no tienen ingresos

declaramos, bajo penalidades de juramento falso, que no estamos recibiendo ningunos ingresos de cualquier fuente a éste tiempo.

Si nuestras circunstancias cambian, juro/juramos notificar al Departamento de Viviendas, **por escrito**, dentro de diez (10) días del suceso.

Yo/nosotros entendemos que al descubrir algún ingreso de cualquier fuente (después de firmar ésta forma) es causa para terminar la asistencia de viviendas.

_____ Firma del Encabezado de la Familia	_____ Nombre en letras de molde	_____ Fecha
_____ Firma de Esposo/a o Otro Adulto	_____ Nombre en letras de molde	_____ Fecha
_____ Firma de Otro Adulto	_____ Nombre en letras de molde	_____ Fecha

Como encabezado de familia, confirmo que los antes mencionados no tienen ningún tipo de ingreso en éste tiempo, y comprendo que soy responsable de reportar cualquier cambio de esta condición al Departamento de Viviendas **por escrito dentro de diez (10) días.**

_____ Firma del Encabezado de la Familia	_____ Nombre en letras de molde	_____ Fecha
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