LOW INCOME / NO INCOME FORM

(For use in cases of “no income” or when monthly income is equal to or less than $100.00 after housing costs are deducted.) All sections of this form MUST be completed by APPLICANT.

Applicant Name: __________________________ Date: ________________

Application #: __________________________

Your monthly calculated income of $_________ is within $100 of your housing cost of $_________.

1) Please explain how you meet your basic living expenses specifically:

Utilities ____________________________________________
Rent/Mortgage ______________________________________
Clothing, Personal Care, Medical Expense ________________
Car and/or Transportation Expenses ______________________
Other _______________________________________________

2) Do you have any overdue bills or collection notices? □ YES □ NO
   If YES, you must provide copies of one month’s bills/notice.
   □ Rent □ Mortgage □ Electric □ Gas □ Car Loan
   □ Medical □ Credit cards □ Cable TV □ Telephone □ Other: __________________________

3) Have you: A) made any withdrawals from your bank? □ YES □ NO
   If YES, submit copies of bank statements which show amounts and dates.
   B) received support from others to help meet your living expenses? □ YES □ NO
   If YES, complete a Financial Assistance Statement form. A Financial Assistance
   Statement is required if the support for others has lasted over 30 days.

4) How do you obtain food? □ SNAP (Food Stamps) □ WIC □ Other

5) Do you receive other non-cash assistance? □ YES □ NO
   If YES, please specify: __________________________

I certify that all statements contained on this form and in my application are true. I understand
that in the case of a fraudulent statement or misstatement of information on this form and
application, I may be liable for the full value of any assistance received.

Applicant Name: __________________________ Date: ________________

Applicant Signature: __________________________ Date: ________________