

I, _____, do hereby certify that I am currently receiving no income from any source.

Please answer the following questions:

	<u>Monthly Cost</u>	<u>Source for Payment</u>
Cost of supplies not covered by food stamps: Paper products, cleaning supplies, personal care items, etc. per month?	\$ _____	_____
Cost of utilities per month?	\$ _____	_____
Do you have a telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, cost of telephone per month?	\$ _____	_____
Cost of medical expenses per month?	\$ _____	_____
Cost of clothing per month:		
Cost of purchasing clothes?	\$ _____	_____
Cost of laundering clothes?	\$ _____	_____
Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, cost of insurance per month?	\$ _____	_____
If yes, cost of gasoline per month?	\$ _____	_____
If yes, cost of maintenance per month?	\$ _____	_____
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, cost of cigarettes per month?	\$ _____	_____
Do you have cable/satellite TV and/or internet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, cost of service per month?	\$ _____	_____
Other Entertainment	\$ _____	_____
Total Monthly Expenses	\$ _____	_____

Applicant/Tenant Signature

Date

I have discussed this Certification of Household Income/Expenses with the Applicant/Tenant and assisted in completing the above monthly expenses from information they provided.

Management Company Signature

Date

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.