King County Housing Authority

OFFICE USE ONLY	
FORM #:	409
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

Budget for _____

Name: _____ Date: _____

Address: _____

(1) Please check ANY of the following types of income ALL members of your household Now receive or Expects to Receive:

_____ UNEMPLOYMENT BENEFITS	_____ CHILD SUPPORT / ALIMONY	_____ S.S.I. / SOCIAL SECURITY
_____ EMPLOYMENT/WAGES	_____ SELF-EMPLOYMENT INCOME	_____ WORKMEN'S COMP AND L& I
_____ ANNUITY PAYMENTS	_____ VETERAN'S BENEFITS	_____ GIFTS/LOANS
_____ RETIREMENT PENSION	_____ PUBLIC ASSISTANCE	_____ OTHER

(2) On the chart below please list everyone 21 years and older WITH or WITHOUT a source of income in your household. Please list any additional information on a separate page.

NAME OF FAMILY MEMBER	SOURCE OF INCOME	GROSS AMT OF INCOME	PER HOUR	PER WEEK	PER MONTH	ANNUALLY

*** Child support includes regular contributions received from any source for a dependent**.

(3) Please complete employer information. Use additional sheets if necessary:

PERSON EMPLOYED	_____	PERSON EMPLOYED	_____
EMPLOYER'S NAME	_____	EMPLOYER'S NAME	_____
ADDRESS	_____	ADDRESS	_____
CITY, STATE, ZIP	_____	CITY, STATE, ZIP	_____
TELEPHONE #	_____	TELEPHONE #	_____

(4) List below all the expenses that you have incurred, or expect to incur this month. Attach copies of those expenses.

Expenses	Total Amount	Amount Paid Toward Expenses	Source of Funds Used to Pay Expenses
Utilities	$	$	
Medical/Dental	$	$	
Insurance	$	$	
Cable TV	$	$	
School Expenses	$	$	
Babysitters/Child Care	$	$	
Credit Card Payments	$	$	
Car Payments/Transportation Expenses	$	$	
Other:	$	$	
Other:	$	$	

I/We hereby certify that this information is true and accurate. I understand that I must report, in writing, any income changes within 30 days of when the change occurred to the housing office. I/We understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated.

_____ _____

Signature of Head of Household/Co-Head Phone Number