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