PROVO CITY HOUSING AUTHORITY

Housing Authority of the City of Provo
688 W. 100 N.
Provo, UT 84601
801-900-5676

Tenant Name: Unit #: _____ Date: _____

Please describe breifly how your household is meeting your basic daily/Monthly needs by filling in the all blanks on this form. **DO NOT leave any blanks!** If it does not apply write N/A in the space. Please answer questions honestly. **Note: Cash assistance may or may not affect your monthly rent amount.

1. What is the amount you and/or your household receives each month to assist with daily personal needs (cash or bills paid) by family, friends or any other source: _____
   Source(s) of assistance _____

2. What is the amount you and/or household receives on a regular or occasional basis from the following:

   a) Child Support _____
   b) Unemployment _____
   c) SS and/or SSI _____
   d) Gifts _____
   e) Insurance Settlement _____
   g) Family/Friends _____
   h) Workman's Comp _____
   i) AFDC/Welfare _____
   j) Retirement/Pension _____
   l) Other Source _____

List How you pay or will pay for the following:

1. **RENT**:
   If you pay rent, source of funds used to pay rent: _____

2. **UTILITIES/CABLE/INTERNET**:
   Do you have cable/satelite TV: _____ if so, monthly amount: _____
   Do you have internet service: _____ if so, monthly amount _____
   Do you have video streaming service (Netflix, Hulu, etc) _____
   Source of funds to pay for pay phone bill(s) _____

3. **PHONE**:
   Do you or anyone in your household have a home and/or Cell Phone _____ if so, monthly amount _____
   Source of funds used to pay for utilities/cable/internet: _____

4: **FOOD:**
   Do you or anyone in your household receive Food stamps: _____ if so, monthly amount: _____
   Source of funds to buy grocery items(if no food stamps): _____

5: **PERSONAL HYGIENE**:
   How much does your household spend on personal hygiene products (soaps, deodorant, hair product, make-up, over-the-counter medication, etc) per month: _____
   Source of Funds for those items: _____

6. **VEHICLE:**
   Does anyone in the household have a vehicle: _____ If so, is there a car loan payment: _____
   Monthly car loan payment amount: _____ Average spent on gas/upkeep per month: _____
   Do you pay auto insurance: _____ Monthly payment amount: _____
   Do you pay for registeration and emissioin testing? _____
   Source of funds for any of these items listed above: _____

7. **CIGARETTES/VAPOR/ALCOHOL:**
Do you or anyone in your household smoke/vape: _____ if so, monthly amount spent:_____
Do you or anyone in your household drink alcohol: _____ if so, monthly amount spent:_____
Source of funds for cigarettes/vape/alcohol: _____

8. **LAUNDRY/CLEANING SUPPLIES:**
Do you use a laundromat or on-site laundry facilities: _____ If so, monthly amount spent: _____
Please list the average amount you or anyone in your household spends on household goods & cleaning supplies per month (toilet paper, paper towels, trash bags, laundry soap, etc):_____
Source of funds for laundry/cleaning supplies: _____

9. **CHILDREN:**
Are there children in the household: _____ if so, how many: _____
Do you or anyone in the household receive child support: _____ if so, monthly amount: _____
Do you or anyone in the household pay for daycare/preschool: _____
if so, monthly amount: _____ Is there state assistance (ICCP) to help pay: _____
Source of funds to pay for these items: _____
Do you or anyone in the household pay for diapers and/or other child needs: _____
Source of funds to pay for these items: _____
Do you pay for school related expenses (lunches, supplies, fees, etc.): _____
Souce of funds to pay for these items: _____

10. **CLOTHING, SHOES, ETC:**
Please list the approxiate amount you or anyone in your household spends on clothing, shoes, accessories, etc. per month: _____ Source of funds to pay for these items: _____

11. **ENTERTAINMENT:**
Do you or anyone in your household go to movies, eat out, and/or participate in sports/recreation/entertainment activities, etc: _____ Source of funds for entertainment expenses: _____

12. **PETS**
Are there any pets in the household: _____ if so, montly amount spent for pet food, veterinarian care, toys, etc: _____ Source of funds of these expenses: _____

13. **OTHER EXPENSES NOT LISTED ABOVE:** (Credit cards, medical expenses, loans, etc)
Are there any other expenses for this household: _____
Please list any other expenses: _____
Source of funds for these expenses: _____

I/we certify the above information to be correct and any misrepresentation of household income may result in termination of my/our assistance and/or lease, as permitted by Federal Regulations and/or State and Local law. I understand that I must complete this Questionnaire on a monthly/quarterly basis for as long as no adult member of the household is working or receiving regular income and/or benefits (such as child support, social security, etc.) and/or has an adjusted income of less than $75 per month.

I/we understand that, if I/we furnish false or incomplete information, I/we can be fined up to $10,000 or imprisoned up to five years or lose the subsidy HUD pays and have my/our rent increased.

Tenant Signature: _____ Date: _____

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PENALTIES FOR MISUSING THIS CONTENT: Title 18 Section 1001 of the U.S. Code states that a person is guility of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalities for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests , obtains, discloses any information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social