

## SURVIVAL STATEMENT

1. List the names of each person who has resided in this household for **ANY PERIOD** during the recertification period:


2. List below **ANY** income by **ANY** family member during this month. Income from **ALL** sources should be listed. Some examples might include: welfare, social security, unemployment, child support, wages, occasional earnings (babysitting, car repair, lawn mowing, housecleaning, etc.). Gifts from family, friends or churches are considered income sources:

Name of Family Member	Where did the money come from?	How often? Weekly/Monthly?	Does s/he still get it? If not, why?

3. Did you file income taxes for the current tax year? .....  Yes  No

4. What utilities are you responsible for? (Circle those that you pay for):

- Electricity   
  Gas           
  Oil               
  Propane       
  Garbage       
  Water  Sewer

How do you pay them? \_\_\_\_\_

Do you have a telephone?     Yes     No            Average Monthly Bill: \$ \_\_\_\_\_

Do you have Cable TV?         Yes     No            Average Monthly Bill: \$ \_\_\_\_\_

Are any of your utilities in someone else's name?  Yes     No

If yes, which utilities, and whose name are they in? \_\_\_\_\_

**Include an attachment of each utility company bill including Telephone and Cable TV, SHOWING THE LAST 12 MONTHS' BILLINGS AND PAYMENTS RECEIVED.**

5. List each car owned by any member of your household:

Owner's Name	Make and Model	Year	Mileage	Average Miles/Month

How much do you spend each month for gas?    \$ \_\_\_\_\_

How much is your car insurance?    \$ \_\_\_\_\_  per month     for 6 months

How do you pay for it? \_\_\_\_\_

When is your next auto insurance payment due? \_\_\_\_\_

How do you pay for title and registration fees? \_\_\_\_\_

How do you pay for repairs? \_\_\_\_\_

**Remember to include written verification of any income, copies of utility bills and receipts for payment.**

Survival Statement

6. Do you ride the bus? ..... Yes  No  
 How do you pay bus fares? \_\_\_\_\_
7. Does a relative or friend provide you transportation? ..... Yes  No  
 Who? \_\_\_\_\_  
 Do you pay him/her for gas? Yes No How much? \_\_\_\_\_  
 How did you get here today? \_\_\_\_\_
8. Do you receive food stamps? Yes No How much? \_\_\_\_\_  
 What is the average monthly cost of food for your household? \$ \_\_\_\_\_
9. How do you pay for non-food items such as cigarettes, paper products, laundry soap, cosmetics, etc?  
 \_\_\_\_\_
10. How do you pay for haircuts? \_\_\_\_\_
11. Do you have any of the following:
- |                     |  |                    |
|---------------------|--|--------------------|
| Installment Loans   | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ per month |
| Rent-to-Own Account | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ per month |
| Credit Cards        | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ per month |
| Layaway Accounts    | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ per month |
- How do you make the payments? \_\_\_\_\_  
 How do you provide clothing for your family? \_\_\_\_\_  
 How do you pay for recreation and entertainment such as movie rentals, eating out, etc.? \_\_\_\_\_
12. Have you or family members seen a doctor during this period? ..... Yes  No  
 If yes, how did you pay the bill? \_\_\_\_\_  
 How much was it? \$ \_\_\_\_\_ Do you currently owe a bill Yes No  
 Have you had prescriptions filled? Yes No How much? \$ \_\_\_\_\_  
 How did you pay for them? \_\_\_\_\_

**BEFORE YOU SIGN THIS DOCUMENT, PLEASE CAREFULLY READ THE FOLLOWING:**  
**SECTION 1001 TITLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.**

By signing this document I declare, under penalties of perjury, that the information is true to the best of my knowledge.

The information you have given the [City of New Braunfels Housing Authority](#) will be kept as confidential as possible. However, we feel that your should be aware that this information may be seen by someone other than a Housing Authority employee (for example, an auditor).

Signatures:

_____	_____
Head of the Household	Date
_____	_____
Spouse/Other Adult	Date
_____	_____
Other Adult	Date

# City of New Braunfels Housing Authority

## DECLARATION OF NO INCOME

I/We \_\_\_\_\_  
List names of all adults in the household with no income

declare, under penalties of perjury, that I am/we are receiving no income, from any source whatsoever, at the present time.

Should this condition change, I/we promise to notify the City of New Braunfels Housing Authority **in writing** within ten (10) days of its occurrence.

I/we also understand that discovery of income from any source (after signing this form) is cause for termination of housing assistance.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Other Adult Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Other Adult Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

As the Head of Household, I confirm that the above person(s) have no income from any source at this time, and I understand that I am responsible to report any change in this condition to the Housing Authority **in writing within ten (10) days**:

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## DECLARACIÓN DE FALTA DE INGRESOS

Yo/nosotros \_\_\_\_\_  
Nombres en letras de molde de todos adultos en la familia que no tienen ingresos

declaramos, bajo penalidades de juramento falso, que no estamos recibiendo ningunos ingresos de cualquier fuente a éste tiempo.

Si nuestras circunstancias cambian, juro/juramos notificar [la Autoridad de la Ciudad de New Braunfels](#), **por escrito**, dentro de diez (10) días del suceso.

Yo/nosotros entendemos que al descubrir algún ingreso de cualquier fuente (después de firmar ésta forma) es causa para terminar la asistencia de viviendas.

\_\_\_\_\_  
Firma del Encabezado de la Familia

\_\_\_\_\_  
Nombre en letras de molde

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma de Esposo/a o Otro Adulto

\_\_\_\_\_  
Nombre en letras de molde

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma de Otro Adulto

\_\_\_\_\_  
Nombre en letras de molde

\_\_\_\_\_  
Fecha

Como encabezado de familia, confirmo que los antes mencionados no tienen ningún tipo de ingreso en éste tiempo, y comprendo que soy responsable de reportar cualquier cambio de esta condición al [la Autoridad de Vivienda](#) **por escrito dentro de diez (10) días**.

\_\_\_\_\_  
Firma del Encabezado de la Familia

\_\_\_\_\_  
Nombre en letras de molde

\_\_\_\_\_  
Fecha