



STOWW

HOUSEHOLD INCOME FORM

NAME: _____

DO YOU PAY RENT OR
MORTGAGE?

YES NO
(CIRCLE ONE)

HOW MUCH? \$ _____

DO YOU OWN YOUR HOME?

YES NO
(CIRCLE ONE)

ARE YOU LIVING WITH ANYONE NOT
INCLUDED ON YOU APPLICATION?

YES NO
(CIRCLE ONE)

WHO? _____

WHERE DO YOU GET MONEY TO MAKE YOUR PAYMENTS? (FOR HOUSING, UTILITIES, etc.) IF MONEY IS
RECEIVED FROM FAMILY OR FRIENDS, PLEASE GIVE AMOUNTS?

MISCELLANEOUS INCOME

IF YOU OR ANYONE IN YOUR HOUSEHOLD PERFORMS ODD JOBS, WHAT ARE THEY AND HOW MUCH
DID YOU MAKE IN THE LAST 30 DAYS?

FISHING \$ _____ CLAMS \$ _____ HOUSE CLEANING \$ _____

SHRIMP \$ _____ CRABBING \$ _____ ARTS & CRAFTS \$ _____

CARVING \$ _____ WOOD CUTTING \$ _____ GEODUCKING \$ _____

CAR REPAIR \$ _____ YARD WORK \$ _____ CHILD CARE \$ _____

OTHER (PLEASE EXPLAIN)? _____ AMOUNT \$ _____

RECEIPTS OR OTHER WRITTEN VERIFICATION MAY BE NEEDED FOR CERTIFICATION.

NO INCOME

I, CERTIFY THAT NEITHER I, NOR ANY OTHER MEMBER OF MY HOUSEHOLD HAS HAD ANY QUALIFYING INCOME
IN THE LAST 30 DAYS, OTHER THAN STATED ABOVE OR FOR WHICH VERIFICATION HAS BEEN PROVIDED.

SIGNATURE: _____ DATE: _____

FOR STAFF USE: CLIENT OR AUTHORIZED REPRESENTATIVE HAS STATED ZERO CHANGES TO INCOME		
STAFF INITIALS & DATE	STAFF INITIALS & DATE	STAFF INITIALS & DATE

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