



### 4.8.6 DETERMINING HOUSEHOLD INCOME & SUMMARY OF HOUSEHOLD INCOME DATA

**INCOME INFORMATION**

What is the total annual income of all members in the household? (Include wages, salaries and tips; other income such as alimony, child support, regular contribution/gifts, Unemployment/Disability, Social Security, AFDC and or other benefits) Income Verification Forms must be completed for each source of income listed.

Household Members Full Name Last, First, Middle	Source of Income (employment, SSI/D, Child Support, etc)	Monthly Amount Net	Annual Amount Net	Monthly Amount Gross	Annual Amount Gross
A.					
B.					
C.					
D.					
		Monthly Total:\$	Annual Total:\$	Monthly Total:\$	Annual Total:\$
Case Manager's Signature:		Date: / /			

**INCOME UPDATE**

Household Members Full Name Last, First, Middle	Source of Income (employment, SSI/D, Child Support, etc.)	Monthly Amount Net	Annual Amount Net	Monthly Amount Gross	Annual Amount Gross
A.					
B.					
C.					
D.					
		Monthly Total:\$	Annual Total:\$	Monthly Total:\$	Annual Total:\$
Case Manager's Signature:		Date: / /			

**INCOME UPDATE**

Household Members Full Name Last, First, Middle	Source of Income (employment, SSI/D, Child Support, etc.)	Monthly Amount Net	Annual Amount Net	Monthly Amount Gross	Annual Amount Gross
A.					
B.					
C.					
D.					
		Monthly Total:\$	Annual Total:\$	Monthly Total:\$	Annual Total:\$
Case Manager's Signature:		Date: / /			

**APPLICATION CERTIFICATION:** I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the STRMU - Program – Housing Assistance to verify all information provided on this application form.

Applicant/Head of Household – Print Name \_\_\_\_\_ Signature \_\_\_\_\_ / / \_\_\_\_\_ Date

Spouse – Print Name \_\_\_\_\_ Signature \_\_\_\_\_ / / \_\_\_\_\_ Date

**THIS PAGE MUST BE USED FOR EACH MONTH OF STRMU ASSISTANCE AS NEEDED**

**City of Houston – HOPWA – STRMU**

**4.8.10 APPLICANT’S DECLARATION & CERTIFICATION OF ZERO (\$ 0.00) INCOME**

I, \_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
NAME (PRINT) DATE OF BIRTH SOCIAL SECURITY NUMBER  
have applied for services with the Montrose Center

**I have stated that during this verification process I have no income at this time. I have not received any income since \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
DATE**

**I do not expect to receive any income until: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
DATE**

**Reason for no Income:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY that my statements regarding my income are true.**

\_\_\_\_\_  
Participant/Co-Participant, Guardian or Authorized Representative’s Signature  
(With Copy of Proper Legal Authority Attached)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member’s Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**4.8.12 ON-GOING FOLLOW-UP PLAN**

On-Going Follow-Up Housing Stability Service Plan

Referrals/ Plan:

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\_\_\_\_\_  
Client, Guardian or Authorized Representative's Signature  
(Copy of authorizing documentation present in file)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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On-Going Follow-Up Housing Stability Service Plan

Referrals/ Plan:

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\_\_\_\_\_  
Client, Guardian or Authorized Representative's Signature  
(Copy of authorizing documentation present in file)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date