



FAMILY LIVING EXPENSE FORM

You have indicated that your household currently has zero income. Therefore, you are required to complete a Family Living Expense form by the 15th of each month. Failure to complete this form and turn in by required date is a violation of your dwelling lease, and your lease will be terminated.

The Public Housing Rental Assistance Program may count items you have not considered; such as gifts, money borrowed, or payments made on your behalf by family and friends as income.

This form must be turned in to the NHA office or via email to the following email address: phinbox@normanha.org

As part of your family obligations for the Public Housing Rental Assistance Program, you are required to keep the utilities for your unit active. How will you pay your Utilities?

- Borrow Money \$ _____
- Church Assistance \$ _____
- Gift \$ _____
- Other, please explain _____

Which, if any, of the following expenses do you have?

- Home/Cell Phone \$ _____ How? _____
- Car Payment \$ _____ How? _____
- Fuel for car \$ _____ How? _____
- Car Insurance \$ _____ How? _____
- Bus Fare \$ _____ How? _____
- Medical Insurance \$ _____ How? _____
- Life Insurance \$ _____ How? _____
- Credit Cards \$ _____ How? _____
- Other Expenses \$ _____ How? _____

YOU ARE REQUIRED TO ATTACH THE FOLLOWING: Copies of All Utilities along with written, signed and dated statements from the person(s) providing financial assistance. **IF THE REQUIRED DOCUMENTATION IS NOT ATTACHED WE WILL NOT ACCEPT YOUR FLE FORM.**

WARNING: Failure to provide complete information or the making false, fictitious, or fraudulent statements will result in immediate termination of rental assistance.

CERTIFIATION: I certify that I have provided complete information regarding my family living expenses and income and no information has been knowingly omitted.

Tenant Signature

Date

NHA Representative

Date Received

Cc: Tenant File