



ROSEVILLE HOUSING AUTHORITY

316 VERNON STREET, STE. 150 • ROSEVILLE, CA 95678
(916) 774-5270 • TDD (916) 774-5220 • FAX (916) 746-1295

Name _____

Month _____

Address _____

Phone _____

MONTHLY STATEMENT OF INCOME AND EXPENSES PAID

This monthly statement of income and expenses **must** be submitted to the Roseville Housing Authority within 10 days following the end of the reporting month

In compliance with the Housing Choice Voucher Rental Assistance Program you are required to report all household income, contributions and gifts for calculation of your Housing Assistance Payment. Please supply the following information.

INCOME

Source: _____ Amount: \$ _____
Employer or Benefits (i.e. SSA, SSI, TANF, Pension, Annuity etc) and address

_____ Amount: \$ _____
Employer or Benefits (i.e. SSA, SSI, TANF, Pension, Annuity etc) and address

I receive cash contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from person(s) not living with me. Yes _____ No _____ (If yes, list below)

Source Name: _____ Amount: \$ _____

Address: _____ Telephone: _____

Source Name: _____ Amount: \$ _____

Address: _____ Telephone: _____

Total monthly income and cash contributions \$ _____

ASSETS – Please list current balances of all accounts - use additional paper if needed

Checking Account: Bank Name: _____ Amount: \$ _____

Savings Account: Bank Name: _____ Amount: \$ _____

CASH ON HAND: \$ _____

Please provide the following requested information regarding your household's monthly expenses.

Write n/a if you do not have an expense for that item.

<u>EXPENSES PAID</u>	<u>AMOUNT</u>	<u>EXPENSES</u>	<u>AMOUNT</u>
Rent	\$ _____	Car Payment	\$ _____
Garage/Storage	\$ _____	Car Insurance	\$ _____
Pet rent/Pet expenses	\$ _____	Travel Expense/Gas	\$ _____
Food – above Food Stamps	\$ _____	Home Phone	\$ _____
Clothing	\$ _____	Cell Phone(s)	\$ _____
PG & E	\$ _____	Internet service	\$ _____
Roseville Electric	\$ _____	Cable/Satellite TV	\$ _____
Water/Sewer	\$ _____	Paper Products	\$ _____
Garbage	\$ _____	Cleaning/grooming	\$ _____
Medical/Dental Expenses	\$ _____	Gifts	\$ _____
Credit Card Payments	\$ _____	Cigarettes	\$ _____
Other: _____	\$ _____	Entertainment	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____

Sub total \$ _____ (add subtotals below for expenses) Sub total \$ _____

Total monthly income and cash contributions: \$ _____

Total of all monthly expenses paid: \$ _____

Are your paid expenses higher than your income & cash contributions? Yes _____ No _____

If yes, please explain how you are meeting your monthly expenses (use additional paper if needed)

I/We hereby certify and affirm under penalty of perjury that the above statements are true and correct. I/We also understand that providing false or misleading information may result in denial or termination of rental assistance benefits. **ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AND DATE THIS FORM**

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____