





### Monthly Gross Household Income

(BEFORE Taxes & Other Deductions)

From YOUR Job: \$ \_\_\_\_\_

Place of Work \_\_\_\_\_

[ ] Part-Time [ ] Full-Time [ ] Permanent [ ] Temp [ ] Seasonal

From Spouse/Companions Job: \$ \_\_\_\_\_

Place of Work \_\_\_\_\_

[ ] Part-Time [ ] Full-Time [ ] Permanent [ ] Temp [ ] Seasonal

(Employment of other Adult Household Members)

Amount Earned	Household Member Name
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\$ _____	_____
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\$ _____	_____
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\$ _____	_____
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Unemployment (monthly) \$ \_\_\_\_\_

Whose \_\_\_\_\_

Workers Comp(monthly) \$ \_\_\_\_\_

Whose \_\_\_\_\_

Supplemental Security Income (SSI)

Whose \_\_\_\_\_ \$ \_\_\_\_\_

Whose \_\_\_\_\_ \$ \_\_\_\_\_

Social Security Disability Income (SSDI)

Whose \_\_\_\_\_ \$ \_\_\_\_\_

Whose \_\_\_\_\_ \$ \_\_\_\_\_

Retirement/Pension

Whose \_\_\_\_\_ \$ \_\_\_\_\_

Other: What \_\_\_\_\_

Whose \_\_\_\_\_ \$ \_\_\_\_\_

Child Support /Alimony \$ \_\_\_\_\_

Families First \$ \_\_\_\_\_

Foster Care income \$ \_\_\_\_\_

**TOTAL MONTHLY GROSS INCOME: \$ \_\_\_\_\_ x12**

**TOTAL ANNUAL GROSS INCOME \$ \_\_\_\_\_**

### Other Household Benefits

Food Stamps \$ \_\_\_\_\_

Do you receive WIC? YES NO

Do you have TennCare? YES NO

Child Care Subsidy \$ \_\_\_\_\_

Other Benefits \$ \_\_\_\_\_

**TOTAL BENEFITS: \$ \_\_\_\_\_**

### Monthly Household Expenses

Rent/Mortgage \$ \_\_\_\_\_

Utilities

Gas/Heat/Propane \$ \_\_\_\_\_

Electricity \$ \_\_\_\_\_

Water/Sewer \$ \_\_\_\_\_

Cable/Satellite/Dish/Internet \$ \_\_\_\_\_

Home Phone \$ \_\_\_\_\_

Cell Phone \$ \_\_\_\_\_

Car Payment \$ \_\_\_\_\_

Car Insurance \$ \_\_\_\_\_

Gasoline \$ \_\_\_\_\_

Cab Fare/Rides \$ \_\_\_\_\_

Credit Card Payments \$ \_\_\_\_\_

Rent-To-Own Payments \$ \_\_\_\_\_

Pawn Shop Payments \$ \_\_\_\_\_

Check Advance Payments \$ \_\_\_\_\_

Probation/Court Cost \$ \_\_\_\_\_

Other Loans \$ \_\_\_\_\_

Paycheck Garnishments \$ \_\_\_\_\_

Medical/Dental Bills \$ \_\_\_\_\_

Medications (Not Covered By TennCare) \$ \_\_\_\_\_

Health/Life Insurance \$ \_\_\_\_\_

Food (Not Bought With Food Stamps) \$ \_\_\_\_\_

Tobacco/ Cigarettes \$ \_\_\_\_\_

Alcohol/Beer \$ \_\_\_\_\_

Beauty/ Barber Shop \$ \_\_\_\_\_

Restaurant Meals \$ \_\_\_\_\_

Lunches/Snacks \$ \_\_\_\_\_

Gifts \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Cosmetics/Toiletries \$ \_\_\_\_\_

Diapers \$ \_\_\_\_\_

Cleaning Supplies/Paper Products \$ \_\_\_\_\_

Pet Expenses \$ \_\_\_\_\_

School \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Laundromat \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL EXPENSES \$ \_\_\_\_\_**

### FOR PREVENTION ONLY

Total in Household: \_\_\_\_\_

County \_\_\_\_\_ AMI Amount for County/Household \_\_\_\_\_

Household Meets Income Requirements [ ] YES [ ] NO

Income was verified via: [ ] Phone [ ] Letter [ ] Pay Stub/Benefits Statement

[ ] Other: \_\_\_\_\_

Initials: \_\_\_\_\_

**Where else have you applied for assistance?**

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**Where will you sleep tonight?**

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**I certify that I have received a copy of the Lead--Based Paint document packet from my case manager and are aware of the dangers of Lead Based Paint.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**I certify that I have received a copy of Fair Housing and Equal Opportunity documents and are aware of my rights under the fair housing act.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date