



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

I received cash contributions or gifts including rent, groceries, car payments, or utility payments this month 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.

Table with 4 columns: EXPENSES PAID, AMOUNT, EXPENSES PAID, AMOUNT. Rows include Rent, Garage/Storage, Pet rent/Pet expenses, Food - above Food Stamps, Clothing, PG & E, Roseville Electric, Water/Sewer, Garbage, Medical/Dental Expenses, Credit Card Payments, Bank fees/NSF Charges, Other, Car Payment, Car Insurance, Travel Expense/Gas, Home Phone, Cell Phone(s), Internet service, Cable/Satellite TV, Paper Products, Cleaning/grooming, Gifts, Cigarettes, Entertainment, Other.

Subtotal \$ _____ (add subtotals on page 2 for expenses) Subtotal \$ _____

PAGE TWO: NAME _____ MONTH _____

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 _____