



Casa De Los Arcos Occupant Information Attachment

TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER, REGARDLESS OF AGE

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

Member Name _____ Head of Household Name _____

Has your social security number changed since your last recertification? Yes No

Full Name _____

Are you a U.S. military veteran? Yes No

Do you want to update any contact information on your Emergency Contact Information, HUD Form 92006? Yes No

Home Phone _____ N/A Work Phone _____ N/A Cell Phone _____ N/A

INCOME

Income source(s) for this member (*indicate **gross** income before any deductions/garnishments occur*).

Employment Income Yes No If Yes, Full Time Part Time Start Date _____

Employer _____ Employer Phone _____

Full Street Address _____

Employer Email _____ Employer Fax _____

Additional Employment Income Yes No Start Date _____

Employer _____ Employer Phone _____

Full Street Address _____

Employer Email _____ Employer Fax _____

Unemployment Yes No If Yes, Issuing Agency _____ Monthly Amount _____

Social Security Benefits Yes No Dual Entitlement Yes No

Supplemental Security income (Federal) Yes No State portion of SSI Yes No

General Assistance (TANF) Yes No Child Support Yes No

Retirement/Periodic Payments Yes No Rental Income Yes No

Rental Income Yes No Business Income Yes No

Long/Short Term Disability Yes No Alimony Yes No

Is anyone outside the household helping you with paying bills on a regular basis? Yes No Other Yes No



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Member Name _____ Head of Household Name _____

ASSETS

- | | | |
|--|--|---|
| Checking | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Single <input type="checkbox"/> Joint |
| Savings | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Single <input type="checkbox"/> Joint |
| Direct Express/ Debit Card | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Money Market | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Single <input type="checkbox"/> Joint |
| Stocks/ Bonds | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Single <input type="checkbox"/> Joint |
| Mutual Funds | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Single <input type="checkbox"/> Joint |
| Retirement Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Single <input type="checkbox"/> Joint |
| Whole Life Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Single <input type="checkbox"/> Joint |
| Trusts | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable |
| Cash on Hand | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you own real estate (home, land, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you own a collection held as an investment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EXPENSES

Medical/Disability

Is the Head, Spouse, or Co-Head of your household age 62 (or older) or disabled? Yes No **If No, go to the next section**
If you answered Yes, only list out-of-pocket expenses this member pays on a regular basis for which he/she is not reimbursed.

- | | | | |
|---|--|--|--|
| Monthly Medicare Premiums | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Insurance (other than Medicare) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prescription copay costs | <input type="checkbox"/> Yes <input type="checkbox"/> No | Doctors visits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Installment Payments on outstanding Medical bills | <input type="checkbox"/> Yes <input type="checkbox"/> No | One-time Medical expenses paid but not reported on prior certification | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Childcare

Are you paying expenses for the care of a child under age 13? Yes No **If No, go to the next section**
Does this care allow you to Work Seek Employment or Further your academic or vocational education?

Child's Name _____

Child's Name _____

Child's Name _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature of household member or guardian/parent if member is a minor

Date