

NET HOUSING PARTNERS
650 7th Street SW – Office, Paris, TX 75460
Mailing: P.O. Box 688, Paris, TX 75461
Phone: (903) 784-6651 Fax: (903) 784-6678

Date: _____

Applicant/Tenant: _____

Your family has reported an **annual** income of less than \$6,000.00. Therefore, you are required to provide the following information related to normal living expenses. Enclosed you will find an Income Reporting Worksheet.

If you are a tenant, your rent will not change, from what you are paying now, until we receive this information and verify it. You need to complete the:

Income Worksheet and return it to the office prior to _____.

In addition, we will need **three (3) consecutive months worth of receipts** for the following:

- Groceries
- Cleaning Supplies
- Grooming Products
- Paper Products & Disposable Diapers
- Auto: Fuel, Registration, Inspections, Oil Changes and Other Maintenance
- Car Insurance & Proof of Insurance
- Car Payment
- Cable TV & Other Entertainment
- Clothing & Shoes
- Telephone, Cell Phone, Beeper/Pager, and Internet Service
- Electric & Gas Bills
- Cost of Housing

***All documentation requested needs to be consecutive and needs to be for the most recent months.**

Failure to provide the required documentation may result in termination of tenant's dwelling lease.

Sincerely,

Stacia J. Waters

Stacia J. Waters
Executive Director

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Income Reporting Worksheet Verification of Cash & Non-Cash Contributions

Name _____ Total Number Members in Family _____

Instructions: This worksheet is to be completed for all families who report no income or annual income less than \$6,000.00. The form may be used prior to admission to or for re-certification for any housing program administered by NET Housing Partners. The form uses data from the Internal Revenue Service's (IRS) Collection Financial Standards and provides EXAMPLES of average monthly allowances for food, clothing and other items, known as the National Standards. A percentage of these standards are used to provide low/zero income individuals with reasonable examples of allowances for necessary expenses: food, housekeeping supplies, apparel and services, personal care products and services, and miscellaneous. **PROVIDE ORIGINAL RECEIPTS FOR EACH CATEGORY OR CHECK ALL PRODUCTS SHOWN AND LIST ANY NOT ON LIST.**

LIVING EXPENSE ITEMS

CLOTHING, SHOES, & SERVICES:

Please list the value next to each item that represents the average monthly cost of clothing, shoes, etc. Please "check" all products purchased during the month for all household members.

<input type="checkbox"/> Tops/Shirts	\$ _____	<input type="checkbox"/> Bottoms/Pants/Shorts	\$ _____
<input type="checkbox"/> Undergarments/Socks	\$ _____	<input type="checkbox"/> Coats/Jackets	\$ _____
<input type="checkbox"/> Scarves/Hats	\$ _____	<input type="checkbox"/> Shoes/Boots/Sandals	\$ _____
<input type="checkbox"/> Dry Cleaning/Other:	_____		\$ _____

EXAMPLE: Average Cost Per Member (25%):

1 = \$40.00	2 = \$80.00	3 = \$100.00	4 = \$120.00
5 = \$160.00	6 = \$180.00	7 = \$200.00	8 = \$220.00

TOTAL: \$ _____

TOBACCO EXPENSES:

Does anyone in the applicant/tenant household use a tobacco product such as: Bidis, Cigarettes, Cigars, Chewing Tobacco, Dissolvable Tobacco, E-Cigarettes, Hookah, Kreteks, Pipe, Smokeless Tobacco (Snuff/Dip), Vape?

WARNING: SEE POLICY

If yes, what type of product? _____ Brand? _____

How many daily are used? _____ Cost each, per package, or per container? _____

TOTAL: \$ _____

PERSONAL CARE PRODUCTS & SERVICES:

Please "check" all products used by the family and list the value next to each item that represents the average monthly amount the family spends.

<input type="checkbox"/> Shampoo	\$ _____	<input type="checkbox"/> Conditioner	\$ _____
<input type="checkbox"/> Hairspray/Gel	\$ _____	<input type="checkbox"/> Brush/Comb	\$ _____
<input type="checkbox"/> Hair Color (OTC)	\$ _____	<input type="checkbox"/> Salon/Barber	\$ _____
<input type="checkbox"/> Pedicures	\$ _____	<input type="checkbox"/> Manicures	\$ _____
<input type="checkbox"/> Body Wash	\$ _____	<input type="checkbox"/> Sponges/Loofahs	\$ _____
<input type="checkbox"/> Body Lotion	\$ _____	<input type="checkbox"/> Body Spray/Perfume	\$ _____
<input type="checkbox"/> Toothbrushes	\$ _____	<input type="checkbox"/> Toothpaste	\$ _____
<input type="checkbox"/> Mouthwash	\$ _____	<input type="checkbox"/> Dental Floss	\$ _____
<input type="checkbox"/> Hand Lotion	\$ _____	<input type="checkbox"/> Hand Soap	\$ _____
<input type="checkbox"/> Makeup Remover	\$ _____	<input type="checkbox"/> Makeup	\$ _____
<input type="checkbox"/> Facial Cleanser	\$ _____	<input type="checkbox"/> Contact Solution	\$ _____
<input type="checkbox"/> Nail Polish	\$ _____	<input type="checkbox"/> Nail Polish Remover	\$ _____
<input type="checkbox"/> Nail Clippers/File	\$ _____	<input type="checkbox"/> Lip Care/Chapstick	\$ _____
<input type="checkbox"/> Razors	\$ _____	<input type="checkbox"/> Shave Gel	\$ _____
<input type="checkbox"/> After-shave/Cologne	\$ _____	<input type="checkbox"/> Deodorant	\$ _____
<input type="checkbox"/> Lint Roller	\$ _____	<input type="checkbox"/> Sunscreen	\$ _____
<input type="checkbox"/> Tampons/Pads	\$ _____	<input type="checkbox"/> Condoms/BC	\$ _____
<input type="checkbox"/> Band-Aids/Ointment	\$ _____	<input type="checkbox"/> Cotton Swabs/Balls	\$ _____
<input type="checkbox"/> Aspirin	\$ _____	<input type="checkbox"/> Pain Reliever	\$ _____
<input type="checkbox"/> Allergy Meds	\$ _____	<input type="checkbox"/> Antibiotic	\$ _____
<input type="checkbox"/> Antacid	\$ _____	<input type="checkbox"/> Cold/Flu/Sinus	\$ _____
<input type="checkbox"/> Prescriptions	\$ _____	<input type="checkbox"/> Vitamins	\$ _____
<input type="checkbox"/> Supplements	\$ _____	<input type="checkbox"/> Hand Sanitizer	\$ _____
<input type="checkbox"/> Flushable Wipes	\$ _____	<input type="checkbox"/> Depends	\$ _____
<input type="checkbox"/> Other: _____			\$ _____

EXAMPLE: Average Cost Per Member (25%):

1 = \$18.00	2 = \$41.00	3 = \$64.00	4 = \$87.00
5 = \$110.00	6 = \$133.00	7 = \$156.00	8 = \$179.00

TOTAL: \$ _____

COMMUNICATION EXPENSES:

Please "check" all products used by the family and list the value next to each item that represents the average monthly amount the family spends.

<input type="checkbox"/> Home Phone Qty? _____	\$ _____	<input type="checkbox"/> Cell Phone Qty? _____	\$ _____
<input type="checkbox"/> Internet Service	\$ _____	<input type="checkbox"/> CB/Hamm/Radio	\$ _____
<input type="checkbox"/> Other: _____			\$ _____

TOTAL: \$ _____

How does the family pay for these services? _____

FOOD EXPENSES:

Is the family receiving food stamps? Yes No. If yes, what is the monthly amount \$ _____

If **NO** please “check” all products used by the family and list the value next to each item that represents the average monthly amount the family spends.

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Fruits/Vegetables | \$ _____ | <input type="checkbox"/> Coffee/Tea | \$ _____ |
| <input type="checkbox"/> Juice/Soda/Water | \$ _____ | <input type="checkbox"/> Bread Muffins/Tortillas | \$ _____ |
| <input type="checkbox"/> Cereal/Oatmeal | \$ _____ | <input type="checkbox"/> Pasta/Rice | \$ _____ |
| <input type="checkbox"/> Canned Goods | \$ _____ | <input type="checkbox"/> Mayo/Mustard/Jelly/Pickle etc | \$ _____ |
| <input type="checkbox"/> Frozen Foods | \$ _____ | <input type="checkbox"/> Salt/Pepper/Sugar/Flour | \$ _____ |
| <input type="checkbox"/> Chips/Cookies/Nuts | \$ _____ | <input type="checkbox"/> Deli: Lunch Meat/Cheese | \$ _____ |
| <input type="checkbox"/> Beef/Chicken/Pork | \$ _____ | <input type="checkbox"/> Milk/Butter/Eggs/Yogurt | \$ _____ |
| <input type="checkbox"/> Other: _____ | | \$ _____ | |

EXAMPLE: Average Cost Per Member:

- | | | | |
|--------------|----------------|----------------|----------------|
| 1 = \$190.00 | 2 = \$340.00 | 3 = \$510.00 | 4 = \$680.00 |
| 5 = \$850.00 | 6 = \$1,020.00 | 7 = \$1,190.00 | 8 = \$1,360.00 |

TOTAL: \$ _____

Does anyone contribute groceries or prepared food to the family on a regular basis? Yes No

If yes, what is the average weekly value of groceries or prepared food contributed? \$ _____

TRANSPORTATION EXPENSE:

Does the family own a car or have use/access to one? Yes No.

(Note: This includes family vehicles, loaner cars, etc. not owned by family.)

If yes, are there still payments due on the car? Yes No.

If yes, what is the amount of the monthly car payment? \$ _____.

The following amount represents the average monthly cost of operating a vehicle such as maintenance, repairs, insurance, fuel, registration, licenses, and inspections. Please enter one of the following amounts. Insurance - \$100 Gas - \$125 Maint./Reg/Tax/Misc - \$25

- 1 Car = \$250.00 2 Cars \$500.00 Other: _____

Note: Uninsured automobiles cannot be parked on PHA property.

If a family does not own a car, what does the family use for transportation?

How does the family pay for this transportation?

If someone other than an applicant/tenant family member contributes to other transportation costs, what is the average monthly amount contributed to transportation? \$ _____

HOUSEKEEPING/PAPER GOODS/SUPPLIES:

Please list the value next to each item that represents the average monthly cost of household goods and cleaning supplies or enter one of the amounts based upon family size.

<input type="checkbox"/> Paper Towels	\$ _____	<input type="checkbox"/> Toilet Paper	\$ _____
<input type="checkbox"/> Tissues	\$ _____	<input type="checkbox"/> Napkins	\$ _____
<input type="checkbox"/> Laundry Detergent	\$ _____	<input type="checkbox"/> Softener/Refresher/Bleach	\$ _____
<input type="checkbox"/> Dryer Sheets	\$ _____	<input type="checkbox"/> Stain/Spot Remover	\$ _____
<input type="checkbox"/> Dish Soap	\$ _____	<input type="checkbox"/> Multipurpose Spray	\$ _____
<input type="checkbox"/> Disinfecting Wipes	\$ _____	<input type="checkbox"/> Sponges	\$ _____
<input type="checkbox"/> Dish Clothes	\$ _____	<input type="checkbox"/> Floor Cleaner	\$ _____
<input type="checkbox"/> Glass Spray	\$ _____	<input type="checkbox"/> Furniture Polish (Pledge)	\$ _____
<input type="checkbox"/> Light Bulbs	\$ _____	<input type="checkbox"/> Batteries	\$ _____
<input type="checkbox"/> Aluminum Foil	\$ _____	<input type="checkbox"/> Plastic Wrap	\$ _____
<input type="checkbox"/> Trash Bags	\$ _____	<input type="checkbox"/> Plastic Bags (Ziplock)	\$ _____
<input type="checkbox"/> Coffee Filters	\$ _____	<input type="checkbox"/> Paper Cups	\$ _____
<input type="checkbox"/> Paper Plates	\$ _____	<input type="checkbox"/> Plastic Cutlery	\$ _____
<input type="checkbox"/> Straws	\$ _____	<input type="checkbox"/> Waxed Paper	\$ _____
<input type="checkbox"/> Non-Stick Spray	\$ _____	<input type="checkbox"/> Bathroom Cleaner	\$ _____
<input type="checkbox"/> Cooking Utensils	\$ _____	<input type="checkbox"/> Post/Pans	\$ _____
<input type="checkbox"/> BBQ Grill/Charcoal	\$ _____	<input type="checkbox"/> Stove/Oven Cleaner	\$ _____
<input type="checkbox"/> Broom/Mop/Bucket	\$ _____	<input type="checkbox"/> Food Storage Containers	\$ _____
<input type="checkbox"/> Pens/Tape/Paper	\$ _____	<input type="checkbox"/> Flashlights/Lantern	\$ _____
<input type="checkbox"/> Toilet Brush/Gloves	\$ _____	<input type="checkbox"/> Comet/Ajax	\$ _____
<input type="checkbox"/> Other: _____			\$ _____

EXAMPLE: Average Cost Per Member (25%):

- | | | | |
|-------------|-------------|--------------|--------------|
| 1 = \$23.00 | 2 = \$36.00 | 3 = \$64.00 | 4 = \$70.00 |
| 5 = \$82.00 | 6 = \$94.00 | 7 = \$126.00 | 8 = \$148.00 |

TOTAL: \$ _____

BABY EXPENSES:

This amount represents the average monthly cost of baby supplies, etc. Please enter values next to each item or one of the amounts based upon family size.

<input type="checkbox"/> Diapers	\$ _____	<input type="checkbox"/> Diaper Cream	\$ _____
<input type="checkbox"/> Baby Wipes	\$ _____	<input type="checkbox"/> Baby Meds	\$ _____
<input type="checkbox"/> Baby Toys/Books	\$ _____		
<input type="checkbox"/> Other: _____			\$ _____

EXAMPLE: Average Cost:

- | | | | |
|--------------|--------------|--------------|--------------|
| 1 = \$93.00 | 2 = \$172.00 | 3 = \$243.00 | 4 = \$306.00 |
| 5 = \$361.00 | 6 = \$416.00 | 7 = \$471.00 | 8 = \$526.00 |

TOTAL: \$ _____

MISCELLANEOUS EXPENSES:

This amount represents the average monthly cost of other living expenses that do not fall within the categories of food, housekeeping, personal care, transportation, utilities, etc. Please enter one of the following amounts based upon family size.

EXAMPLE: Average Cost:

1 = \$22.00	2 = \$41.00	3 = \$49.00	4 = \$59.00
5 = \$66.00	6 = \$73.00	7 = \$80.00	8 = \$87.00

TOTAL: \$ _____

Listed below are additional expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses:

<input type="checkbox"/> Donation/Contribution	\$ _____	<input type="checkbox"/> Un-Reimbursed Educational	\$ _____
<input type="checkbox"/> Child Care	\$ _____	<input type="checkbox"/> Un-Reimbursed Job Expense	\$ _____
<input type="checkbox"/> Fundraisers	\$ _____	<input type="checkbox"/> Un-Reimbursed Medical	\$ _____
<input type="checkbox"/> Other:	_____		\$ _____

TOTAL: \$ _____

ENTERTAINMENT EXPENSES:

Listed below are entertainment expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses:

<input type="checkbox"/> Cable TV	\$ _____	<input type="checkbox"/> Satellite TV	\$ _____
<input type="checkbox"/> Streaming Services	\$ _____	<input type="checkbox"/> Movie Rentals	\$ _____
<input type="checkbox"/> Books/Magazines	\$ _____	<input type="checkbox"/> Sporting Events	\$ _____
<input type="checkbox"/> Vacations/Trips	\$ _____	<input type="checkbox"/> Club Memberships	\$ _____
<input type="checkbox"/> After School Sports	\$ _____	<input type="checkbox"/> Hobbies/Crafts	\$ _____
<input type="checkbox"/> Lottery Tickets	\$ _____	<input type="checkbox"/> Liquor/Beer/Wine	\$ _____
<input type="checkbox"/> Other:	_____		\$ _____

TOTAL: \$ _____

ANIMAL EXPENSES: If the family has an animal, list the monthly expenses.

NOTE: \$300.00 Non-Refundable Fee for a Animal; 1 Animal Limit.

ANIMAL MUST BE APPROVED BY OFFICE BEFORE BEING ON PROPERTY!

<input type="checkbox"/> Food/Treats	\$ _____	<input type="checkbox"/> Toys/Supplies	\$ _____
<input type="checkbox"/> Pet Bed/Cat Stand	\$ _____	<input type="checkbox"/> Shots/Meds/Hygiene	\$ _____
<input type="checkbox"/> Other:	_____		\$ _____

TOTAL: \$ _____

HOUSING & UTILITIES EXPENSES:

If the Family has any of the following expenses enter the average monthly cost of each.

<input type="checkbox"/> Rent	\$ _____	<input type="checkbox"/> Water	\$ _____
<input type="checkbox"/> Electric	\$ _____	<input type="checkbox"/> Gas	\$ _____
<input type="checkbox"/> Property Tax	\$ _____	<input type="checkbox"/> Mortgage	\$ _____
<input type="checkbox"/> Interest	\$ _____	<input type="checkbox"/> Home/Renters Insurance	\$ _____
<input type="checkbox"/> Sewer	\$ _____	<input type="checkbox"/> Garbage	\$ _____
<input type="checkbox"/> Repairs	\$ _____	<input type="checkbox"/> Storage Rental	\$ _____
<input type="checkbox"/> Furniture Rental	\$ _____	<input type="checkbox"/> Appliance Rental	\$ _____
<input type="checkbox"/> Other: _____			\$ _____

TOTAL: \$ _____

How does the family pay for these costs? _____

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATE CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWING MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all the information above is true and correct. I further understand that false statements or information are grounds for termination of housing assistance and punishable under State, Federal and Civil Law.

Signature of Applicant/Tenant

Date

Signature of PHA Representative

Date

WORKSHEET FOR INCOME

On the matrix below, compute the family's annual expenses using the amounts from the Income Worksheet. To compute annual expenses, multiply monthly average costs by 12.

TYPE OF EXPENSE	MONTHLY EXPENSE	ANNUAL EXPENSE
CLOTHING		
TOBACCO		
PERSONAL CARE		
COMMUNICATION		
FOOD (FOOD STAMPS REMOVED BELOW)		
TRANSPORTATION		
HOUSEKEEPING/PAPER GOODS		
BABY EXPENSE		
MISCELLANEOUS		
ENTERTAINMENT		
ANIMAL		
DEPOSIT		
RENT		
NATURAL GAS		
ELECTRICITY		
MEDICAL		
OTHER		
TOTALS		
	MINUS FOOD STAMPS AMOUNT RECEIVED	
	MINUS OTHER SOURCES OF INCOME	
	EQUALS OTHER NON-WAGE INCOME	