

Elberton Housing Authority
Zero/Limited Income Tenant Survival Statement

Name: _____

Address: _____

Phone: _____

Date of Interview: _____

1. Do you own a vehicle? Yes _____ No _____

**If yes, do you have a car payment: Yes _____ No _____

Amount of payment \$ _____

Auto Insurance Amount \$ _____

Gas Expense per week \$ _____

Source of income for these expenses: _____

**Copy of title will be needed if car is paid for.

2. Do you subscribe to cable TV? Yes _____ No _____

If yes, cable amount per month \$ _____

Basic, expanded, or other? _____

Source of income for these expenses: _____

3. Do you have a telephone, cell phone, pager Yes _____ No _____

If yes, telephone payment per month \$ _____

What services are included (caller ID, call waiting, voice mail, etc.)? _____

Cell Phone Payment per month \$ _____

Pager Payment \$ _____

Source of income for these expenses: _____

4. Do you own a computer: Yes _____ No _____

If yes, do you have internet access? Yes _____ No _____

Monthly internet access payment \$ _____

Monthly computer payment \$ _____

Source of income for these expenses: _____

5. Have you or any member of your household incurred medical expenses during the past 90 days? Yes _____ No _____

If yes, amount incurred: \$ _____

Medical insurance cost: \$ _____

Source of income for these expenses: _____

6. Do you buy food: Yes _____ No _____

If yes, state expense during the past 30 days: \$ _____

Source of income for these expenses: _____



7. Do you buy non-food household items (personal hygiene products, cleaning supplies, light bulbs, toilet paper, paper towels, personal grooming items, laundry detergent, dish detergent, aluminum foil/plastic wrap, storage bags, trash bags, pet food, etc.)? Yes _____ No _____

If yes, state expense during the past 30 days: \$ _____
Source of income for these expenses: _____

8. Do you smoke or drink alcoholic beverages? Yes _____ No _____
Cost of cigarettes per week: \$ _____
Cost of alcoholic beverages per wk: \$ _____
Source of income for these expenses: _____

9. Do you have life insurance? Yes _____ No _____
Amount per month: \$ _____
Source of income for these expenses: _____

10. Do you receive TANF or WIC? Yes _____ No _____
Amount per month TANF: \$ _____ WIC \$ _____

11. Do you have any monthly payments for furniture, stereo's, TV's, etc.?
Yes _____ No _____
Amount per month: \$ _____
Source of income for these expenses: _____

12. Do you have any credit cards? Yes _____ No _____
Amount of payment per month: \$ _____
Source of income for these expenses: _____

13. Do you buy any clothes, shoes, undergarments, socks, or clothing for your children? Yes _____ No _____
Amount spent per month: \$ _____
Source of income for these expenses: _____

14. Do you have your hair or nails done? Yes _____ No _____
Do you wear cosmetics? Yes _____ No _____
Do you use beauty products (lotion, hair care)? Yes _____ No _____
Amount per month: \$ _____
Source of income for these expenses: _____

15. Do you buy diapers? Yes _____ No _____
Amount per week/month: \$ _____
Source of income for these expenses: _____



16. Do you play the lottery? Yes _____ No _____
How often? _____
Amount per day, week, month: \$ _____

Source of income for these expenses: _____

17. What do you pay per month for power? \$ _____
What do you pay per month for gas? \$ _____

Source of income for these expenses: _____

18. Do you patronize fast food restaurants? Yes _____ No _____
Amount per week: \$ _____

Source of income for these expenses: _____

19. Do you receive child support? Yes _____ No _____
If yes, amount per month: \$ _____

Source of income (name of the father) _____

20. Why are you unemployed? _____

Total Income Being Reported to EHA: \$ _____

Total Expenses Reported to EHA: \$- _____

Balance: \$ _____

Adjustments to be made to rent (if any) from this meeting: _____

RESIDENT-READ THE BELOW STATEMENT BEFORE SIGNING!

I certify that no household member has any income at the present time. The above information is true and correct to the best of my knowledge.

Penalties for submitting false information:

Knowingly giving the Landlord false information regarding income or other factors considered in determining Tenant's eligibility and rent is a material noncompliance with the lease subject to termination of tenancy. In addition, the Tenant could become subject to penalties available under Federal Law. Those penalties include fines up to \$10,000 and imprisonment for up to five years.

Resident Signature: _____ Date: _____

EHA Representative: _____ Date: _____

