



Sandstone Housing

6200 Seagull NE, Suite B
Albuquerque, NM 87109
Phone: 505-821-0193



INCOME/EXPENSE CHECKLIST

DIRECTIONS: Complete a separate checklist for each household member who is 18 years of age or older and be prepared to authorize verification of all items checked "YES". Failure to comply could result in denial/termination of housing assistance.

Name: _____ SSN: _____

Birth Date: _____ Age: _____ Sex: _____

COMPLETE EACH ITEM BY CHECKING EITHER YES OR NO

☐ Yes ☐ No I am self-employed. List the types of jobs you do below:

COMPLETE EACH ITEM BY CHECKING EITHER YES OR NO

☐ Yes ☐ No I have a job and receive money/wages. List the company/persons that pay you below:

☐ Yes ☐ No I receive cash contributions or gifts including rent or utility payments on an ongoing basis from persons not living with me

☐ Yes ☐ No I receive periodic payments from Worker's Compensation.

☐ Yes ☐ No I receive military active duty allotments

☐ Yes ☐ No I receive Veteran's Administration benefits.

☐ Yes ☐ No I receive GI Bill benefits.

☐ Yes ☐ No I receive Social Security

☐ Yes ☐ No I receive Supplemental Security Income

☐ Yes ☐ No I receive disability or death benefits other than Social Security

☐ Yes ☐ No I receive food stamps

☐ Yes ☐ No I receive Public Assistance (Program for Self-Reliance, SFA, SDA, RAP, Step-parent Assistance, etc.)

☐ Yes ☐ No I receive educational grants or scholarships

☐ Yes ☐ No I receive child support or alimony

If yes, from how many fathers? _____

If yes, is child support paid directly to Social Services? _____

☐ Yes ☐ No I receive periodic payments from trust, annuity or inheritance.

☐ Yes ☐ No I receive periodic payments from insurance policies.

☐ Yes ☐ No I receive periodic payments from retirement funds or pensions.

☐ Yes ☐ No I receive payments from lottery winnings.

- ☐ Yes ☐ No I receive income from rental of real estate or personal property
- ☐ Yes ☐ No I receive income from Indian Trust Land
- ☐ Yes ☐ No I own real estate.
- ☐ Yes ☐ No I have savings or checking accounts at the following banks, credit unions, savings and loans, etc.

- ☐ Yes ☐ No I have time certificates, certificate of deposits, IRA's, etc. at the following banks, credit unions, savings and loans, etc.

- ☐ Yes ☐ No I have treasury bills, stocks or bonds
- ☐ Yes ☐ No I have life insurance policies with cash surrender value
- ☐ Yes ☐ No I have disposed of assets within the last two years. List below

- ☐ Yes ☐ No I am Elderly (62 or older) or Handicapped or Disabled and pay Medicare premiums.
- ☐ Yes ☐ No I am Elderly (62 or older) or Handicapped or Disabled and pay medical insurance premiums other than Medicare.
- ☐ Yes ☐ No I am Elderly (62 or older) or Handicapped or Disabled and pay medical expenses which are not reimbursed by insurance, another person or an agency.
- ☐ Yes ☐ No I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education or to seek employment.
- ☐ Yes ☐ No I pay handicap care expense for a handicapped/disabled family member which are not covered by insurance or paid by an outside agency or someone else.
- ☐ Yes ☐ No I have a member age 17 or under who has unearned income (i.e. social security)
- ☐ Yes ☐ No I have a member age 6 or under who has identified elevated blood lead level.
- ☐ Yes ☐ No I have income assets from sources other than those listed above. List them below

I certify to the best of my knowledge that all statements are true and when/if circumstances change, I will notify Management for possible recertification. I understand that providing false information will result in denial or termination of benefits.

Signature: _____

Date: _____

Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

"In accordance with Federal law and the U.S. Department of Agriculture's Policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs" To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue S.W., Washington, DC 20250-6410 or call 202-720-5964 (voice and TDD)."