CERTIFICATION OF DAILY NEEDS

(To be completed by all households certifying to income less than $2,500.00.)

Household Name: _____ Unit No. _____

Development Name: _____

☐ Initial Certification Effective Date: _____

☐ Recertification Effective Date: _____

For the next twelve months, I plan to provide for the following items through the sources listed below:

ITEMS	SOURCE	AMOUNT
RENT		
FOOD		
CLOTHING		
TRANSPORTATION		
Gas		
Repairs		
UTILITIES		
Electric		
Gas		
Water		
Cable		
Telephone		
PERSONAL HYGIENE (i.e. toiletries)		
CLEANING SUPPLIES		
HEALTH BILLS		
MISCELLANEOUS		

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my lease agreement.

_____ _____ _____

Signature of Applicant/Tenant Printed Name of Applicant/Tenant Date