



Financial Eligibility & Household Composition Form

To maintain eligibility for housing assistance, consumers are required to provide proof of income upon request and immediately (within 10 days) report any income change (increase/decrease in excess of \$100 per month). It is the consumer’s responsibility to report income information. If you hide or do not report income, your housing assistance will be terminated.

I. Zero Income Household:

If zero income, you must show you are trying to gain income. Seeking stable income involves either obtaining employment or clearly documenting a disability. If able to seek employment, updates on progress are required every 30 days. If not able to seek employment due to a disability, you must apply for disability benefits and updates are required every 90 days.

Please mark all you are doing to seek stable income:

Searching for employment independently. Explain steps taken:

- Using the services of the Nebraska Department of Labor
- Seeking Supported Employment services through _____.
- Applying for Vocational Rehabilitation services
- Applied for disability benefits from the Social Security Administration (SSA) under Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI)
- Application for disability benefits under SSA is in appeal
- Applied for Veteran’s disability benefits
- Other related strategies (*specify*): _____

II. Household with Income:

If you are in a household with income, you are expected to contribute 30% of the household’s adjusted gross income towards rent and utilities. Household sources of income may include employment (full/part-time, temporary/seasonal/contract), self-employment, SSI, SSDI, disability, pension, retirement, unemployment compensation, alimony, child support, public assistance, regular monetary assistance from family members/ non-family members, interest/dividends from assets, rental income, investment income, death benefits, insurance policies, educational grants/scholarships, and any other source not named.

Report income for all adult household members (age 19+):

| Type of Taxable Income (see above list for examples) | Household Member Name | Gross Income* (pre-tax or any deductions) | Start Date (m/d/y) | Pay Frequency (weekly/bimonthly/etc.) |
|---|-----------------------|--|-----------------------|--|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

**Provide Income verification documentation (e.g., most recent 30 days of consecutive pay stubs for employment, benefit award letter for SSI, SSDI, or VA; Federal Tax Return (Schedule C) for self-employment).*

III. Household Composition:

To maintain eligibility for housing assistance, you must report any changes to your household (i.e. someone moving in or out, birth of a child, changes in legal custody) **before** they occur. Region 4 staff must provide written approval and a new Household Composition Form must be completed. Adding any unauthorized individual to the household without prior authorization will result in termination of housing assistance.

List all individuals who will reside in the rental with you (include unborn children with the expected due date):

| Household Member First & Last Name | Date of Birth (M/D/Y) | Age | Gender (F/M) | Relationship to Applicant | Mark if a dependent and you <u>currently</u> have at least 51% custody* |
|---------------------------------------|--------------------------|-----|-----------------|------------------------------|---|
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**If you do not have at least 51% custody, provide a reunification plan, court order, or other legal document to include them in household size. If there is a guardianship, provide the court-ordered Letter of Guardianship.*

IV. Income Deductions:

Region 4 automatically applies the following income deductions for those who qualify:

**For dependent children:* You can receive a deduction for each dependent child in your household if you maintain at least 51% physical custody.

**For Social Security recipients:* You can receive a deduction if you are currently receiving Social Security benefits.

By signing below, I certify that the information provided on this form is true to the best of my knowledge and belief. I am providing this information to obtain a determination of eligibility for the Region 4 Supported Housing Program.

Consumer Signature

Printed Name

Date

Witness Signature

Printed Name

Date