

NAME \_\_\_\_\_

\*You Buy

\*Someone Buys for You

\*Someone Gives to You

DATE \_\_\_\_\_

LISTED BELOW ARE A SERIES OF EXPENSES THE FAMILY MIGHT HAVE. INDICATE THE **MONTHLY** AMOUNT THE FAMILY SPENDS ON ANY APPLICABLE EXPENSES AND THE AMOUNTS CONTRIBUTED TOWARD THE EXPENSES: Put the amount spent per month or if you don't spend anything on an item put 0.

Grocery Expenses **beyond** food stamps \_\_\_\_\_  
Cleaning Supplies includes: bleach \_\_\_\_\_, Lysol \_\_\_\_\_, bowl cleaner \_\_\_\_\_, floor cleaner \_\_\_\_\_, oven cleaner, \_\_\_\_\_ mops \_\_\_\_\_ sponges \_\_\_\_\_ dusting cloths \_\_\_\_\_  
Room fresheners \_\_\_\_\_ House decorations \_\_\_\_\_  
Dishwashing soap \_\_\_\_\_, laundry detergent \_\_\_\_\_, Toilet Tissue \_\_\_\_\_  
Paper Towels \_\_\_\_\_ & Napkins \_\_\_\_\_ Kleenex \_\_\_\_\_ plastic wrap \_\_\_\_\_ foil \_\_\_\_\_  
Tampons \_\_\_\_\_ Pads \_\_\_\_\_ Condoms \_\_\_\_\_  
Car Payment: \_\_\_\_\_  
Car Insurance: \_\_\_\_\_  
Any Auto Related Expenses: Gas \_\_\_\_\_, Oil changes \_\_\_\_\_, Tires \_\_\_\_\_  
Repairs to vehicle \_\_\_\_\_  
If no car, amount pays out for transportation cost: \_\_\_\_\_  
Manicures \_\_\_\_\_ Pedicures \_\_\_\_\_ Towels \_\_\_\_\_ Sheets \_\_\_\_\_  
Cable TV: \_\_\_\_\_ Nails \_\_\_\_\_ Jewelry \_\_\_\_\_  
Magazines: \_\_\_\_\_ Perms \_\_\_\_\_  
Movies: \_\_\_\_\_ Hair cuts \_\_\_\_\_  
Video Rentals: \_\_\_\_\_ Hair color \_\_\_\_\_  
Club Memberships: \_\_\_\_\_ Extension \_\_\_\_\_  
Out of town travel: Motels \_\_\_\_\_, Food \_\_\_\_\_ Wigs \_\_\_\_\_  
Liquor \_\_\_\_\_ Beer \_\_\_\_\_ Wine: \_\_\_\_\_ Make-up \_\_\_\_\_  
Lottery Tickets: \_\_\_\_\_ Bath Soap \_\_\_\_\_  
DVDs \_\_\_\_\_ Music DVDs \_\_\_\_\_ Candles \_\_\_\_\_  
Videos games \_\_\_\_\_ Deodorant \_\_\_\_\_  
Trips to town \_\_\_\_\_ Perfume \_\_\_\_\_  
Movie Attendance: \_\_\_\_\_ Body lotions \_\_\_\_\_  
Clothing \_\_\_\_\_ Shoe Expenses: \_\_\_\_\_ Tooth paste \_\_\_\_\_  
Laundry \_\_\_\_\_ Dry Cleaning: \_\_\_\_\_ Shampoo \_\_\_\_\_/Conditioner \_\_\_\_\_  
Telephone (house): \_\_\_\_\_ Other hair products \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cigarettes \_\_\_\_\_ Snuff \_\_\_\_\_  
Internet Connection: \_\_\_\_\_ Smokeless tobacco \_\_\_\_\_  
Current Rent/Mortgage: \_\_\_\_\_ Cigars \_\_\_\_\_  
Utilities: \_\_\_\_\_ Basketball games \_\_\_\_\_  
Unreimbursed Medical Expenses: \_\_\_\_\_ Football games \_\_\_\_\_  
Health Insurance: \_\_\_\_\_ Pain relievers \_\_\_\_\_  
Life Insurance: \_\_\_\_\_ Over the counter meds \_\_\_\_\_  
Buy here/Pay Here \_\_\_\_\_ Prescription Meds \_\_\_\_\_  
School Supplies: \_\_\_\_\_ Baby/child toys \_\_\_\_\_  
Credit Card Payments: \_\_\_\_\_ Baby lotions \_\_\_\_\_  
Rentals furniture \_\_\_\_\_, tv rental \_\_\_\_\_ Baby ointment \_\_\_\_\_  
Furniture payments \_\_\_\_\_ Baby bath soap \_\_\_\_\_  
Bank Loans/Other Loans: \_\_\_\_\_ Baby/child clothes \_\_\_\_\_  
Quitman Finance: \_\_\_\_\_ Baby/child shoes \_\_\_\_\_  
Collins Finance: \_\_\_\_\_ Baby/Diapers \_\_\_\_\_

**PENALTIES FOR MIUSING THIS CONSENT: Title 18, Section 1001 of the U. S. Code states that a person is GUILTY of a FELONY for knowingly and willingly make false or fraudulent statement to any department or representative of the United Sates Government. HUD, the PHA and any owener (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to be purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.**

**I, \_\_\_\_\_, certify that I have answered all of the questions of this interview fully and truthfully to be best of my knowledge. I understand that PHA will attempt to verify some or all of my statements. I understand that PHA will count as annual income the amount(s) that I stated during this interview. I understand my reporting requirements and the “Penalties for Misuing this Consent” statement above.**

\_\_\_\_\_  
**Applicant/Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witnessed**

\_\_\_\_\_  
**Date**

**Housing Authority of the City of Quitman**

**Certification of Family/Friend Assistance**

I, \_\_\_\_\_, hereby certify that I receive financial assistance from  
PRINT YOUR NAME

\_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
PRINT NAME OF FAMILY/FRIEND

Per ( ) year, Per ( ) month, ( ) Bi-weekly ( ) Weekly.

\_\_\_\_\_ Applicant/Tenant Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Notary Public

\_\_\_\_\_ Date

**Quitman Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.**