

CHILMARK HOMESITE HOUSING INCOME QUALIFICATION APPLICATION

(March 2003)

**DUKES COUNTY REGIONAL HOUSING AUTHORITY
P.O. Box 4538
Vineyard Haven, MA 02568**

PHONE: (508) 693-4419 FAX: (508) 693-5710
WWW.VHO.VINEYARD.NET

PLEASE PRINT:

1. **Name of Applicant** _____
 Street _____ Apt. No. _____
 City/Town _____ State _____ Zip _____
 Home Telephone _____ Work Telephone _____
 Mailing Address _____

2. **Members of Household, including the Head of Household.**

Names: First, Middle, Last of all household members	Relationship to Head	Sex	Date of Birth	Social Security Number	Occupation or Grade in School
1.	HEAD				
2.					
3.					
4.					
5.					

3. Is a change in the household expected? (Circle One) Yes No
 If yes, what type of change? _____ When? _____

4. **ASSETS:** List below the assets of the Household. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc.

Household Member	Description of Assets	Value of Asset
	Checking Account #:	
	Savings Account #:	
	Other:	

TOTAL ASSETS: _____

5. INCOME BEFORE DEDUCTION:

Estimate the gross income (before taxes) anticipated for **ALL** household members from all sources for the next 12 months. Specify all sources.

Household Member Number	Type of Income	Name & Address of Employer or Source of Income	Gross Income for next 12 Months
1.	Salaries & wages		
2.	Salaries & wages		
	V.A. Disability		
	Net income from business		
	Trust income Interest and Dividends		
	Pensions and annuities		
	Unemployment or disability		
	Social Security benefits and/or SSI		
	Regular Alimony or Child Support		
	Other Income: _____		

TOTAL GROSS INCOME (Please specify monthly or weekly): _____

6. ALLOWABLE EXPENSES:

Expense for Care of Children or Sick/ Incapacitated Family Member	
Unreimbursed Medical Expenses	
Health Insurance	
Child Support Payments	

TOTAL EXPENSES: _____

Applicant's Certification:

I certify that the information I have given in this application is true and correct and any false statement or misrepresentation may result in the cancellation of my application.

Sign under the pains and penalties of perjury.

Applicant's Signature Date

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