

**Office of Manufactured Housing
Relocation Assistance Program**

Household Member and Income Information Form

List all immediate members of household, their source(s) of income, and gross amount each member received for all verification of income(s) you are providing.

Household Member	Source of Income	Gross Amount	Time Period Covered
1.			
2.			
3.			
4.			
5.			
6.			

* If you have more than 6 household members, please use the back of this form.

Household average monthly income: _____

Number of months documented: _____

I certify that the above information I have provided is a complete and accurate list of all household members and their income for the period listed. I understand that I am signing this form under penalty of criminal prosecution if I knowingly give false information resulting in payment to which I am not entitled.

Applicant's Signature

Date