

# CERTIFICATION OF DAILY NEEDS

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

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_

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

<b><u>ITEMS</u></b>	<b><u>SOURCE OF INCOME*</u></b>	<b><u>AMOUNT</u></b>
RENT FOOD	_____	_____
TRANSPORTATION	_____	_____
Gas	_____	_____
Repairs/Maintenance	_____	_____
UTILITIES		
Electric/ Gas	_____	_____
Water/ Sewer	_____	_____
Cable TV	_____	_____
Telephone/ Cell phone	_____	_____
MISCELLANEOUS		
Personal Hygiene	_____	_____
Cleaning supplies	_____	_____
Alcohol	_____	_____
Cigarettes	_____	_____
Medical Expenses	_____	_____
Clothing	_____	_____
Loan payments (i.e. student, car)	_____	_____
Credit card payments	_____	_____
Child Care payments	_____	_____

*\*Source of income indicates where the money to pay for each item will come from.*

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