



Family Reporting Form

Part 1: Household Members

List all individuals living in your unit:

Full Name	Relationship	Disability (check one)	Date of Birth	Age	Gender (check one)	Veteran (check one)
	Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2: Contact Information:

Please provide your current contact information:

Home: (____) _____ Cell: (____) _____ Email Address: _____

Current Mailing Address: _____

(If Applicable)

Representative Payee Name: _____ Representative Payee Phone Number: (____) _____



Part 3: Criminal Activity

Have you or any member of your household been convicted of the following crimes in the last 12 months?

Sexual offense Yes or No Violent criminal act Yes or No
 Methamphetamine production Yes or No Any felony crime Yes or No

Is any member of your household required to register as a sex offender? Yes No If yes, who? _____

Part 4: Income

Check all types of income your household receives:

<input type="checkbox"/> SSDI	<input type="checkbox"/> Wages	<input type="checkbox"/> TANF	<input type="checkbox"/> Child Support
<input type="checkbox"/> SSI	<input type="checkbox"/> Day Labor	<input type="checkbox"/> OAP	<input type="checkbox"/> Income from Assets/Annuity
<input type="checkbox"/> Social Security	<input type="checkbox"/> Commission/Tips	<input type="checkbox"/> School financial aid	<input type="checkbox"/> Alimony/ Maintenance
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Money from family/friends	<input type="checkbox"/> Retirement/ Pension
<input type="checkbox"/> AND	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

List all types of income each household member receives:

Household Member	Type of Income	Amount
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)
		\$ per hr/wk/mo/yr (circle one)

1. Does anyone outside of your household assist you with paying your bills (cell phone payment, utility bills, groceries, etc)? Yes No
 If yes, who assists you? _____ How often? _____

2. If a household member receives child support payments and/or maintenance payments, are these payments received through the Family Support Registry? Yes No

If the payments are not received through the Family Support Registry, please provide the following information regarding your payments:

Name of person making payment: _____

Address: _____ Phone Number _____

3. Do you or any household members work? Yes No (If yes, please provide the following information)

**** Attach copies of four current and consecutive pay stubs for each employer to this form.**

Family Member's name: _____	Family Member's name: _____
Name and Address of Employer: _____ _____	Name and Address of Employer: _____ _____
Phone/Fax number: _____	Phone/Fax number: _____
Self- employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Self- employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start date: _____ Pay rate: _____	Start date: _____ Pay rate: _____
Number of hours: _____ How often are you paid? _____	Number of hours: _____ How often are you paid? _____

4. Is any member of your household 18 years old or older and a full-time student? Yes No

If yes, name of family member: _____

Name of school attending: _____

Address of school: _____

Does this person receive student financial aid assistance? Yes No

Part 5: Assets

Check all types of assets or accounts your household currently has: My household does not have any asset accounts

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Stocks	<input type="checkbox"/> Certificates of Deposit	<input type="checkbox"/> Payee/escrow account
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Bonds	<input type="checkbox"/> Own a home or land	<input type="checkbox"/> Other _____
<input type="checkbox"/> Trust Fund	<input type="checkbox"/> Money Market Funds	<input type="checkbox"/> Cash	<input type="checkbox"/> Other _____

For each asset account, please provide the following information:

Account Holder Name: _____ Bank Name: _____ Account Type: _____ Balance: _____ Last 4 of Account Number _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Balance: _____ Last 4 of Account Number _____
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Account Holder Name: _____ Bank Name: _____ Account Type: _____ Balance: _____ Last 4 of Account Number _____	Account Holder Name: _____ Bank Name: _____ Account Type: _____ Balance: _____ Last 4 of Account Number _____
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Please provide a current statement for all accounts

1. Please list the address of any real estate (including land) that you own: _____
2. Have you closed any type of asset accounts in the last 12 months? Yes No If Yes: Date account closed: _____ (month and year)
If yes, please provide the name of the bank where the account was closed: _____ Type of account: _____

You must attach documentation verifying that the account has been closed



Part 6: Allowances

- Is anyone in your household paying for childcare for children 12 years of age or younger? Yes No If yes, please provide the following:

Family Member: _____ Amount paid: \$ _____ per month
 Child's Name: _____ Name of Provider: _____
 Provider Address: _____ Phone Number: _____

Please attach copies of receipts showing proof of payments

Disabled or Elderly Families Only (Head, Co-head or Spouse is 62 years or older or is a person with a disability)

If you (the Head of Household), your spouse, or co-head are at least 62 years old, or a person with a disability and the medical expenses you pay out-of-pocket each year is more than 3% of your annual income, Division of Housing (DOH) might be able to lower the amount of rent you pay.

Please attach proof of payments (12-month printout, receipts, etc.) for each of the expenses listed above.

Check all types of out of pocket medical expenses your family pays for and include the estimated amount paid each month:

<input type="checkbox"/> Prescription co-pays \$ _____/month	<input type="checkbox"/> Doctor visit co-pays \$ _____/month	<input type="checkbox"/> Insurance premiums \$ _____/month	<input type="checkbox"/> Eyeglasses/ eye care payments \$ _____/month	<input type="checkbox"/> Other _____ \$ _____/month
<input type="checkbox"/> Dental payments \$ _____/month	<input type="checkbox"/> Hearing Aid payments \$ _____/month	<input type="checkbox"/> Hospital payment(s) \$ _____/month	<input type="checkbox"/> Prescribed OTC medications \$ _____/month	<input type="checkbox"/> Other _____ \$ _____/month
<input type="checkbox"/> Transportation to treatment (cab fare, mileage, etc) \$ _____/month	<input type="checkbox"/> Service Animal Costs \$ _____/month	<input type="checkbox"/> Other _____ \$ _____/month	<input type="checkbox"/> Other _____ \$ _____/month	



Part 7: Housing Quality Standards Certification:

You must select one of the following:

- I do not know of any current issues that would cause my unit to fail inspection and my landlord has been responsive to requests for repairs.
- I am aware of issues that would cause my unit to fail a Housing Quality Standards inspection and my landlord has not been responsive to request for repairs.

Part 8: Certification:

I do hereby swear and attest that all of the information provided on this form is true and correct. I understand that all changes in the income of any member of the household as well as any changes in the household members must be IMMEDIATELY reported in WRITING to the agency administering my housing or the Colorado Division of Housing.

My signature below also authorizes Division of Housing to conduct a CBI background check on all adult members of my household, including myself, anytime during the next 15 months.

Signature of Head of Household *Date*

Signature of Spouse *Date*

Signature of Other Adult *Date*

Signature of Other Adult *Date*

<p>_____ <i>Signature of person completing form (if other than Head of Household)</i> <i>Date</i></p>	<p>_____ <i>Phone Number</i></p>
<p><i>Reason why Head of Household did not complete form:</i> _____</p> <p>_____</p>	

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

