



501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

No Household Income/Low Income Questionnaire for Tenants

Tenant Name: _____ Unit #: _____ Date: _____

Please describe briefly how your household will be meeting your basic daily/monthly needs by filling in **ALL** blanks on this form. **DO NOT leave any blanks!** If it does not apply write N/A in the space. **Please answer questions honestly.**

**** Note: Regular contributions and gifts from others not in your household are counted as income whether they are cash, consumable products, services provided, or paying your bills.**

List how you pay or will pay for the following:

1. RENT (MHA Minimum Rent is \$50):

Rent \$ _____

2. UTILITIES/CABLE/INTERNET:

Electric Bill monthly amount: _____

Will you have cable/satellite TV: _____ If so, monthly amount: _____

Will you have internet service: _____ If so, monthly amount: _____

Will you have video streaming service (Netflix, Hulu, etc.) _____ If so, monthly amount: _____

3. PHONE:

Do/Will you or anyone in your household have a home and/or cell phone: _____ If so, monthly amount: _____

4. FOOD:

Do you or anyone in your household receive Food Stamps: _____ If so, monthly amount: _____

5. PERSONAL HYGIENE:

How much will your household spend on personal hygiene products (soaps, deodorant, hair products, make-up, over-the-counter medication, etc.) per month: _____

6. VEHICLE:

Does anyone in the household have a vehicle: _____ If so, is there a car loan payment: _____

Monthly car loan payment amount: _____ Average spent on gas/upkeep per month: _____

Do you have auto insurance: _____ Monthly payment amount: _____

Do you pay for registration and emissions testing? _____

7. CIGARETTES/VAPOR/ALCOHOL:

Do you or anyone in your household smoke/vape: _____ If so, monthly amount spent: _____

Do you or anyone in your household drink alcohol: _____ If so, monthly amount spent: _____

8. LAUNDRY/CLEANING SUPPLIES:

Will you use a laundromat or on-site laundry facilities: _____ If so, monthly amount spent: _____

Please list the average amount you or anyone in your household will spend on household goods & cleaning supplies per month (toilet paper, paper towels, trash bags, laundry soap, etc.): _____



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9. CHILDREN:

Are there children in the household: _____ If so, how many: _____

Do you or anyone in the household receive child support: _____ If so, monthly amount: _____

Do you or anyone in the household pay for diapers and/or other child needs: _____

10. PETS:

Are there any pets in the household: _____

If so, monthly amount spent/will spend for pet food, veterinarian care, toys etc.: _____

13. OTHER EXPENSES NOT LISTED ABOVE: (municipal fee, credit cards, medical expenses, loans, etc.)

Are there any other expenses for this household: _____

Please list any other expenses: _____

EXPENSES TOTAL:

What source(s) will you use to pay the above listed expenses:

“I/We, the undersigned, certify under perjury that the information provided here is true and correct, to the best of my knowledge and recollection. WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and administrative penalties (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802).”

NOTE: Sign in presence of Notary

Tenant Signature: _____ Date: _____

NOTARY ONLY

STATE OF WEST VIRGINIA

COUNTY OF _____

Before me, _____, on this day personally appeared _____, to
Name of Notary Public Name of Signer(s)

be the person(s) whose names(s) is/are subscribed to the forging instrument and acknowledged to me that he/she/they executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of the office this _____ day of _____, _____.
Day Month Year

Notary Public's Signature