



## HOUSEHOLD FINANCIAL RESOURCES INVENTORY

The My Home Housing Program requires annual verification of your household financial resources. You must report and provide current documentation for **all sources** of income for **all** household members. Program staff will determine whether or not it should be included when completing the Tenant Rent calculations. Please complete the chart below, using the full amount before any deductions. Write \$0 if you do not receive a resource. Failure to report accurate household income is grounds for termination of housing assistance.

		Other Household members				
		Head of Household	Name 1	Name 2	Name 3	Name 4
1	<b>Earned Income</b> includes, but not limited to wages, salaries, overtime pay, commissions, fees, tips, bonuses, other compensation for services					
Social Security						
2	> SSI - Federal					
	> SSI - State					
	> SSDI					
	Retirement (Social Security)					
3	Pension from Former Job					
4	Veteran's Disability					
5	Veteran's Pension					
6	Payments in lieu of earnings: Unemployment, worker's compensation, disability compensation, severance pay					
Public Assistance:						
7	> TANF or Equivalent					
	> W-2					
	> IDAP					
	> FoodShare					
	> Other (specify)					
8	Child Support					
9	Alimony (Spousal Support)					
10	<b>Periodic payments</b> from annuities, insurance policies, retirement funds, pensions, disability or death benefits or other periodic payments					
11	<b>Lump sum additions</b> including inheritance, insurance payments, settlements, deferred payments of SSI income and social security benefits					
12	Other Source(s) (specify) Use additional sheet if necessary.					

I certify that the information given to the Milwaukee County My Home Housing Program on household income is accurate and complete to the best of my knowledge.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed this information with my client and certify that the information given to the Milwaukee County My Home Housing Program on household income is accurate and complete to the best of my knowledge.

Signature of Case Manager \_\_\_\_\_ Date \_\_\_\_\_