

## Statement of Income from Business

Name _____	Business Name _____
Address _____ _____	Business Address _____ _____
Home Phone _____	Business Phone _____
Type of Business _____	
Date Business Opened: _____ Month                                  Year	

The following statement of income is based upon the business transacted during the period from:

_____	_____	To	_____	_____
Month	Year		Month	Year

I. Gross Income \$ \_\_\_\_\_

II. Expenses (as allowed by IRS rules)  
 Please see Instruction for line 23: <http://www.irs.gov/pub/irs-pdf/i1040sc.pdf>  
 Federal and State Taxes are not part of business expense.  
 We have to count gross income from line 31. **SCHEDULE C Profit or Loss From Business (please provide):**  
<http://www.irs.gov/pub/irs-pdf/f1040sc.pdf>

- Interest on Loan(s) \_\_\_\_\_
- Cost of Goods/Materials \_\_\_\_\_
- Rent \_\_\_\_\_
- Utilities \_\_\_\_\_
- Wages and Salaries \_\_\_\_\_
- Employee Contributions \_\_\_\_\_
- FICA (Social Security) \_\_\_\_\_
- Sales Tax \_\_\_\_\_
- Straight Line Depreciation \_\_\_\_\_
- Insurance (itemize on back) \_\_\_\_\_
- Other (itemize on back) \_\_\_\_\_

III. Net Income \$ \_\_\_\_\_

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to make willful statement of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

The information provided is substantiated by attached copies of my Federal and State Individual Income Tax Returns including Schedule C.

Date	Signature of Business Owner
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# REPORTING CHANGES TO HAB

All changes must be reported by the 15<sup>th</sup> of the month AND documentation must be attached to process

Name of Head of Household \_\_\_\_\_ Phone # \_\_\_\_\_ Name of Housing Specialist \_\_\_\_\_

I am reporting a change in: Address / Family composition / Income / Expenses / Assets / Student Status (circle all that apply)

New Mailing Address: \_\_\_\_\_ City, St, Zip \_\_\_\_\_

## **Family Composition** (You must schedule an appointment with your caseworker before the 15<sup>th</sup> of the month)

Someone is being added to my household: (Name) \_\_\_\_\_

Please provide the following for each new member: Orig. Social Security Card, 214 form & Birth Certificate

Is the person/s you are adding currently in a household receiving Housing Assistance?  YES  NO

Someone is being removed from my household: (Name) \_\_\_\_\_

If known, please provide this person/s new address: \_\_\_\_\_

**Household Income:** New or increased income: Employment \_\_\_\_\_ TANF \_\_\_\_\_  
Please circle all that apply SS Benefits \_\_\_\_\_ Child Support \_\_\_\_\_  
Pension \_\_\_\_\_ Case number \_\_\_\_\_  
Family Support Other: \_\_\_\_\_

Decreased or removed income: Employment \_\_\_\_\_ TANF \_\_\_\_\_  
SS Benefits \_\_\_\_\_ Child Support \_\_\_\_\_  
Pension \_\_\_\_\_ Case number \_\_\_\_\_  
Family Support Other: \_\_\_\_\_

### **Please provide the following:**

#### **For new employment**

Name of Household Member \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax \_\_\_\_\_

Rate of pay \_\_\_\_\_ Hours/week \_\_\_\_\_

How often are you paid? Please circle below

Weekly Bi-Weekly Semi-Monthly Monthly

Start Date of employment: \_\_\_\_\_

Is this a job training program? Yes or No (circle one)

#### **For terminated employment**

Name of Household Member \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax \_\_\_\_\_

Date Employment ended: \_\_\_\_\_

### **Student Status (please list household member name, attach financial aid award letter & tuition statement):**

\_\_\_\_\_ is a student at an institution of higher education.

\_\_\_\_\_ Is no longer a student.

**Expenses** have: Increased Decreased Please circle  
i.e. child care, medical, disability

**Head/spouse/co-head must be 62 and older or disabled for medical or disability expenses to qualify**

Please describe change: \_\_\_\_\_

**Assets** have: Increased Decreased Please circle  
i.e. new IRA, new Stocks, new checking or savings Certificate of Deposit (CD)

I certify that the information provided above is true to the best of my knowledge. I understand that providing false, incomplete or misleading information could result in termination of my housing assistance.

\_\_\_\_\_  
Please print name of person reporting change

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**HOUSING  
AUTHORITY OF  
BILLINGS**

2415 1ST AVENUE NORTH  
BILLINGS, MONTANA 59101  
406-245-6391  
www.billingsha.org

MONTANA RELAY: 711  
FAX: 406-245-0387

**HAB Certification of Zero Income**

Household Name: \_\_\_\_\_  
Tenant Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

**Part I.**

1. I certify that I do not receive income from any of the following sources:
  - a. Wages from employment, including commissions, tips, bonuses, fees, etc.;
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments (TANF)
  - h. Periodic allowances such as alimony, child support or gifts received from persons not living in the household;
  - i. Sales from self employment sources (Avon, Mary Kay, Shaklee, etc.)
  - j. Monies from land, oil, mineral or water rights;
  - k. Any other source not listed above
  
2. If you are making payments to a Housing Agency for a claim owed to that agency, enter the agency name and payment amount: \_\_\_\_\_
  
3. I have no income of any kind: \_\_\_\_\_ (initial)

**Part II. Please explain exactly HOW each of your expenses is being paid.**

You must provide the name, address and phone number of the individual or organization providing the assistance and the amount of assistance they provide you with on a recurring basis.

Name of Person or Organization Assisting	Address	City, St Zip	Phone number (including area code)



All programs are open to all eligible persons, regardless of Race, Color, National Origin, Disability, Familial Status, Sex, Religion, Creed, Marital Status, Age, Sexual Orientation, or Gender Identity.

**DO NOT LEAVE ANY BLANK, complete answers are required. If any household item on this form is NOT ANSWERED or response is too vague, THIS FORM WILL BE RETURNED TO THE HOUSEHOLD FOR CLARIFICATION AND COMPLETENESS**

Basic Necessity	Paid By	Amount Due or Paid out Monthly	Recurring Assistance from Family, Friend or Organization (Circle One)	
Rent Are utilities included? Circle One: Yes No			Yes	No
Groceries			Yes	No
Utilities (electricity, gas, water sewer, garbage, if not included in rent)			Yes	No
Telephone			Yes	No
Cell Phone, Under what name?			Yes	No
Cable TV or Satellite			Yes	No
Car payment			Yes	No
Gas/Fuel			Yes	No
Maintenance/repairs (Auto)			Yes	No
Insurance (Auto)			Yes	No
Health, Life Insurance			Yes	No
Clothing for Family			Yes	No
Laundry & Cleaning Supplies			Yes	No
Toiletries (personal hygiene items)			Yes	No
Over Counter Medications			Yes	No
Entertainment			Yes	No
Child Care			Yes	No
Child Support			Yes	No
Education (school functions, supplies)			Yes	No
Pets (food, medications)			Yes	No
Gifts			Yes	No
Cigarettes / Tobacco products			Yes	No
Furniture, Appliances or Electronics Rental			Yes	No
Other			Yes	No
Cash received from family/friends/other (not included in above)			Yes	No

**Part III.** I certify that the information provided above is true and correct to the best of my knowledge. I understand that providing false information to avoid an increase in my household's portion of the rent, I may lose my housing assistance and/or be prosecuted by the judicial system. \_\_\_\_\_ (initial)  
**I understand that should my income status change, I will report it, in writing, on the appropriate change form within 30 days of the date of the change.** \_\_\_\_\_ (initial)  
 I understand that by claiming zero income, I may be required to contact my case worker every 60 days to provide information about my household income. \_\_\_\_\_ (initial)

\_\_\_\_\_  
 Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Other Adult

\_\_\_\_\_  
 Date

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 3/31/2014)

N/A N/A N/A  
 Name of Property Project No. Address of Property

**Housing Authority of Billings** **Section 8 Housing Choice Voucher Program**  
 Name of Owner/Managing Agent Type of Assistance or Program Title:

\_\_\_\_\_  
 Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# DECLARATION OF SECTION 214 STATUS

**Notice to applicants and tenants:** In order to be eligible to receive the housing sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority of Billings. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury<sup>1</sup>, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age<sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>3</sup>; or
  - Permanent residence under §249 of INA<sup>4</sup>; or
  - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA<sup>5</sup>; or
  - Parole status under §§212(d)(5) of the INA<sup>6</sup>; or
  - Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
  - Amnesty under §245A of the INA<sup>8</sup>.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_  
Date: \_\_\_\_\_

(See reverse side for footnotes and instructions.)

<sup>1</sup> **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

<sup>2</sup> **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

<sup>3</sup> **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA); as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161); [special agricultural worker status], who has been granted lawful temporary resident status.

<sup>4</sup> **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

<sup>5</sup> **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1457) [refugee status], pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

<sup>6</sup> **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].

<sup>7</sup> **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

<sup>8</sup> **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.