

EXPENSE INFORMATION

Yes No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?

Yes No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?

Yes No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the IFCA Housing Network to verify all information provided on this application.

Head of Household Signature:	Co-Applicant Signature:
Date:	Date: