

RV and MH INCOME CERTIFICATION	Date _____
<input type="checkbox"/> Self Certification <input type="checkbox"/> Other _____	_____

PART I. COMMUNITY DATA

Property Name: _____	County: _____
Address: _____	Space #: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name	Middle Initial	Relation to Head of Household	Race	Ethnicity	Disabled (Yes/No)	Full Time Student (Yes/No)
1								
2								
3								
4								
5								
6								
7								

PART III. GROSS ANNUAL INCOME

HH Mbr #	(A) Employment or Wages	(B) Social Security / Pensions	(C) Public Assistance	(D) Other Income
TOTALS				

Add totals from above, (A) - (D), to determine total income. **TOTAL INCOME (E) =** _____

PART IV. FAMILY SIZE

HH Mbr #	Number of People in Household	Race	Ethnicity	Disabled (Yes/No)	Full Time Student (Yes/No)

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (E) = _____

HOUSEHOLD CERTIFICATION & SIGNATURES

Under penalties of perjury, I/we certify that the information presented above is true and correct to the best of my/our knowledge and belief. I/we further understand that providing false representations (to include misleading or incomplete information) herein constitutes an act of fraud and may result in the termination of my/our lease.

_____ Resident Signature	_____ Signature Date	_____ Resident Signature	_____ Signature Date
_____ Resident Signature	_____ Signature Date	_____ Resident Signature	_____ Signature Date

Supplemental Questions as part of Income Survey

1. Is your home a Recreational Vehicle (RV)? ___ Yes ___ No
2. Is your home ___ Single Wide or ___ Double Wide
3. Is this your primary residence? ___ Yes, or ___ No, I live here seasonally.
4. Do you own or rent your home? ___ Own ___ Rent
 - a. If you rent your home, who is the owner of the home?
Place the homeowner's name here: _____
 - b. If you are buying your home, do you have a ___ mortgage or ___ sales contract on your home or ___ lease to own
 - c. Please name the mortgage or note holder of the home
here: _____
5. Do you have heating and cooling in your home ___ yes ___ no
6. How much do you estimate are your monthly utility bills?
Electricity \$ ___ Propane/Natural gas \$ ___
Water/Sewer \$ ___ Garbage \$ ___ Cable TV \$ ___
7. If funding were available to help replace your home, would you be interested in replacing your home? ___ Yes ___ No
 - a. Would you be willing to make a payment each month toward a mortgage for a replaced home ___ Yes ___ No
 - b. If "Yes" how much more would you be able to pay per month \$ _____
8. Please indicate **the number of people** in your household that fit the following categories: Example: 3 people Asian or Pacific Islander
 - ___ White, not Hispanic
 - ___ Black, not Hispanic
 - ___ Hispanic or Latino
 - ___ Asian or Pacific Islander
 - ___ American Indian or Alaskan Native
 - ___ Senior (55+)
 - ___ Elderly (62+)
 - ___ Veteran
 - ___ Disabled person
 - ___ Single head of household with a child under 18
 - ___ Agricultural Worker (e.g., farm labor, food processing, tree planting, fishing, cannery, nursery, etc.)
 - ___ Other (Please specify) _____

(TOTAL NUMBER OF PEOPLE SHOULD EQUAL HH SIZE)

Thank you!! Your answers will be kept confidential.

Please mail the completed survey back to CASA of Oregon in the self-addressed stamped envelope provided. No additional documentation is necessary

DUE TO COVID SOCIAL DISTANCING REASONS - SURVEY COMPLETED BY
PHONE BY:

_____ Date _____