

HRSN Housing - Supplemental Income Worksheet

UHA's HRSN Housing Service Request Form includes a section that asks about the Member's income. We must collect the same info about each person over the age of 18 that is part of the Member's household. You can fill out a copy of the worksheet below for each person. Send all copies to UHA along with the Member's Housing Service Request.

We can provide help at no cost to you. If you need another language, large print, Braille, CD, tape or another format, or an interpreter, call Customer Care at 541-229-4842; Toll Free: 866-672-1551; TTY: 541-440-6304 or 711, Monday to Friday 8am to 5pm.

Questions

1. Who is this income worksheet for?
2. What is this person's relationship to the Member asking for rent support?
3. Check the box next to each **income source** that applies to you. Then answer the questions that follow. If you need help, call the number at the top of this page.

I have a job (or jobs) where I earn wages (either salary or hourly).

i. How much did you earn from your job (or jobs) in the last 60 days?

ii. Can you provide your most recent 60 days of paystubs?

Yes No. Reason:

iii. If you answered "No" to the previous question, may we contact your employer?

Yes. Their contact info is:

Email:

Phone:

No. Reason:

I own a business.

- i. How much did you earn from your business in the last 60 days?

- ii. Can you provide your most recent federal or state tax return for your business?

Yes No. Reason:

I receive monthly interest or dividend income through my bank account.

- i. How much did you earn in the last 60 days?

- ii. Can you provide your most recent income statement(s)? *Or* a copy of your most recent federal or state tax return?

Yes No. Reason:

I receive Social Security, retirement or pension payments.

- i. How much did you earn in the last 60 days?

- ii. Can you provide a copy of your most recent payment statement(s)? *Or* a written verification of income from Social Security, your pension provider, or another source?

Yes No. Reason:

I receive unemployment, disability compensation or worker's compensation payments.

- i. How much did you earn from these services in the past 60 days?

- ii. Can you provide a copy of your most recent payment statement(s) or benefit notice(s)? *Or* a written verification of income from the paying organization?

Yes No. Reason:

- iii. If you answered “No” to the previous question, please provide contact information so we can try to verify.

Organization Name	Phone Number
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I receive public assistance income (such as TANF) or income from another government agency.

- i. How much did you earn from these services in the last 60 days?
- ii. Can you provide a copy of your most recent payment statement(s) or benefit notice(s)?
Or a written verification of income from the paying organization?

Yes

No. Reason:

- iii. If you answered “No” to the previous question, please provide contact information so we can try to verify.

Organization Name	Phone Number
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I receive alimony, child support or foster care payments.

- i. How much money did you receive in the last 60 days?
- ii. Can you provide a copy of your most recent payment statement(s)?

Yes

No. Reason:

I receive basic pay, special pay or other income because of my service in the Armed Forces. *Do not include hazard pay.*

- i. How much did you earn in Armed Forces income in the last 60 days?

- ii. Can you provide a copy of your most recent paystubs or payment statements? *Or* a written verification of income from an armed service representative?

Yes No. Reason:

- iii. If you answered “No” to the previous question, please provide contact information so we can try to verify.

Phone Number:

IMPORTANT: Submit all completed copies of this income worksheet with the Member’s HRSN Housing Service Request Form. Include any of the documents you selected above.