



**NEIGHBORHOOD HOUSING SERVICES, INC.**  
1279 N. MILWAUKEE AVE. 4<sup>TH</sup> FLOOR CHICAGO, IL. 60622 773.329.4010 FAX: 773.329.4120

**Applicant Name:** \_\_\_\_\_

***AFFIDAVIT CONCERNING HOUSEHOLD SIZE AND INCOME***

I hereby state the following:

**ALL ITEMS MUST BE COMPLETED**

In order to determine my income eligibility NHS needs information regarding my family size and members.

The number of family members constituting the household that shall reside at the property is: \_\_\_\_\_

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

**LIST OF HOUSEHOLD MEMBERS**

<b>NAME</b>	<b>AGE</b>	<b>RELATIONSHIP</b>	<b>INCOME (if over age 18)</b>
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**Today's Date**  
\_\_\_\_\_

**Applicant's Signature**  
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