



NEIGHBORHOOD HOUSING SERVICES, INC.
850 W. JACKSON BLVD 5TH FLOOR CHICAGO, IL. 60607 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

NAME	AGE	RELATIONSHIP	INCOME (if over age 18)
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Today's Date

Applicant's Signature
