

If separated or divorced, list name and address of spouse/ex-spouse below:

NAME _____ ADDRESS _____

CITY & STATE _____ ZIP CODE _____ SOCIAL SECURITY # (IF KNOWN) _____

TOTAL HOUSEHOLD INCOME: List all money received including contributions.

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	TANF	CHILD SUPPORT	SOCIAL SECURITY/ DISABILITY	ALL OTHER INCOME

I/We do hereby swear and attest that all of the information above is true and correct. I also understand that all changes including income, family composition, address, or phone number must be reported in writing to the Jackson Housing Authority within 10 business days.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

Please send written inquiries to:

**Jackson Housing Authority
125 Preston Street
Jackson, Tennessee 38301**

