



# Norman Housing Authority

700 N. Berry Road

Norman, Oklahoma 73069

Phone (405) 329-0933

Fax (405) 573-0345

## FAMILY LIVING EXPENSE FORM

You have indicated that your household currently has zero income. Therefore, you are required to complete a Family Living Expense form by the 15<sup>th</sup> of each month. Failure to complete this form and turn in by required date is a violation of your dwelling lease, and your lease will be terminated.

The Public Housing Rental Assistance Program may count items you have not considered; such as gifts, money borrowed, or payments made on your behalf by family and friends as income.

**This form must be turned in to the NHA office or via email to the following email address: [phinbox@normanha.org](mailto:phinbox@normanha.org)**

**As part of your family obligations for the Public Housing Rental Assistance Program, you are required to keep the utilities for your unit active. How will you pay your Utilities?**

- Borrow Money \$ \_\_\_\_\_       Gift \$ \_\_\_\_\_
- Church Assistance \$ \_\_\_\_\_       Other, Please explain \_\_\_\_\_

**Which, if any, of the following expenses do you have?**

- Home/Cell Phone \$ \_\_\_\_\_      How? \_\_\_\_\_
- Car Payment      \$ \_\_\_\_\_      How? \_\_\_\_\_
- Fuel for car      \$ \_\_\_\_\_      How? \_\_\_\_\_
- Car Insurance      \$ \_\_\_\_\_      How? \_\_\_\_\_
- Bus Fare      \$ \_\_\_\_\_      How? \_\_\_\_\_
- Medical Insurance \$ \_\_\_\_\_      How? \_\_\_\_\_
- Life Insurance      \$ \_\_\_\_\_      How? \_\_\_\_\_
- Credit Cards      \$ \_\_\_\_\_      How? \_\_\_\_\_
- Other Expenses      \$ \_\_\_\_\_      How? \_\_\_\_\_

**YOU ARE REQUIRED TO ATTACH THE FOLLOWING: Copies of All Utilities along with written, signed and dated statements from the person(s) providing financial assistance. IF THE REQUIRED DOCUMENTATION IS NOT ATTACHED WE WILL NOT ACCEPT YOUR FLE FORM.**

**WARNING:** Failure to provide complete information or the making false, fictitious, or fraudulent statements will result in immediate termination of rental assistance.

**CERTIFICATION:** I certify that I have provided complete information regarding my family living expenses and income and no information has been knowingly omitted.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NHA Representative

\_\_\_\_\_  
Date Received

Cc: Tenant File