

**NEW HAMPSHIRE HOUSING FINANCE AUTHORITY
Income Exclusion Declaration Form**

Head of Household name: _____ **Social Security #** _____

Please review the following questions and enter the amount you receive. The amounts provided below will not be counted as income. Congress wishes to track how much the program would cost if these items were counted. Most questions ask for an amount the family receives and you would enter what you as head of household receives, but if a family member receives any of the income listed below, please give their name and the amount they receive. Use separate page if needed. Thank you.

How much do you receive for: **Monthly Amount unless specified**

- | | |
|---|--|
| 1. Food stamps? | <input style="width: 80%;" type="text"/> |
| 2. Fuel Assistance? | <input style="width: 80%;" type="text"/> |
| 3. Wages to children who are under 18 (including foster children)? Use separate page if needed. | |

- | <i>Name and amount earned</i> | <i>Name and amount earned</i> | |
|--|-------------------------------|--|
| 4. Earned Income Tax Credit (EIC) refund payments? (yearly amount) | | <input style="width: 80%;" type="text"/> |
| 5. A lump-sum payment of supplemental security income? (one time amount) | | <input style="width: 80%;" type="text"/> |
| 6. A lump-sum payment of social security benefits? (one time amount) | | <input style="width: 80%;" type="text"/> |
| 7. A lump-sum addition to family assets: (all one time amounts) | | |
| • insurance payments (including health/accident insurance or worker's compensation) | | <input style="width: 80%;" type="text"/> |
| • capital gains (excluding interest, dividends, and other net income) | | <input style="width: 80%;" type="text"/> |
| • inheritances | | <input style="width: 80%;" type="text"/> |
| • settlement of personal or property losses | | <input style="width: 80%;" type="text"/> |
| • pension death benefit | | <input style="width: 80%;" type="text"/> |
| 8. Earned income as a temporary census employee who's term of employment did not exceed 180 days?
Household member name and amount earned : _____ | | <input style="width: 80%;" type="text"/> |
| 9. A person with a disability for purposes of Supplemental Security Income eligibility and benefits because that are set aside for use under a Plan to Attain Self-Sufficiency (PASS)? | | <input style="width: 80%;" type="text"/> |
| 10. Adoption assistance payments per adopted child? | | <input style="width: 80%;" type="text"/> |

11. Care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone.)
12. A developmentally disabled family member living at home (from a State agency) to offset the cost of services and equipment needed to keep the developmentally disabled family member at home?
13. Student financial assistance including awards under the Federal Work Study Program or Under the Bureau of Indian Affairs Student Assistance paid directly to the student or to the educational institution?
14. Federal Scholarships funded under Title IV of the Higher Education Act of 1965, including awards under Federal Work study program or under the Bureau of Indian Affairs student assistance program.
15. Training programs funded by HUD?
16. In increased earning and benefits from participation in qualifying state and local employment programs?
17. Payments under programs funded by Workforce Investment Act (WIA), formerly known as JTPA.
18. Please indicate which benefits you have received or are currently receiving from DHHS
- Short term benefits that are designed to deal with a specific crisis situation or episode (benefits will not extend beyond four months and are not intended to meet ongoing needs)
 - Individual Development Accounts
 - Supportive services such as child care and transportation provided to families who are employed
19. Reimbursement for out of pocket expenses while attending a public assisted training program.
20. Cost or reimbursement of the cost of medical expenses for any family member?
List member name: _____ and amount
21. Americorps Living Allowance?
22. A child suffering from Spina Bifida who is the child of a Vietnam veteran?
23. Crime Victim Compensation?

24. Reimbursement for child care under the Child Care Development Block Grant Act of 1990?

25. A stipend for PHA governing board?

26. Volunteering as: **Amount**

- Volunteers in Service to America (Vista) _____
- RSVP Retired Senior Volunteer Program _____
- Foster Grandparents _____
- Senior Companions Program _____
- Domestic Volunteer Services _____

27. Please check the one(s) that apply(ies) and give the amount

____ Alaska Native Claims Settlement Act

____ Maine Indian Claim Settlement Act of 1980

____ The disposition of funds of the Grand River Band of Ottawa Indians

____ Judgment funds awarded by the Indian Claims Commission or the Grant of Claims

____ Funds awarded from judgment funds by Indian Claims or income from certain submarginal land of the United States held in trust for certain Indian tribes

28. Please check any Title V (Older Americans Act) that apply and give the amount received: **Amount:**

____ Senior Community Service in Employment Program (SCSEP) _____

____ Green Thumb _____

____ American Association of Retired Persons (AARP) _____

____ National Council on Aging(NCOA) _____

____ National Council of Senior Citizens (sometimes called Senior Aides) _____

____ US Forest Services _____

____ National Caucus for Black Aged (NCBA) _____

____ Urban League _____

29. Reparations payments paid by a foreign government who were persecuted during the Nazi era?

30. An Agent Orange Settlement?

31. A refund or rebate under state or local Law for property taxes paid on house you are presently living in? (lump sum amount)

32. Short term state benefits for transportation under Job Access or Reverse Commute project, counseling, employment-related services or crisis assistance for less than four months?

33. How much income does your live in aide have?

Signature

Date

WARNING! Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Departments or Agencies of the U.S.