



OFFICE USE ONLY	
FORM #:	409
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

Tenant Budget Form

Because your household is reporting \$0 in income, KCHA requires you to complete this form. It is intended to show how you are paying for necessities during the listed month.

Head of Household Name: _____

Address: _____

Budget month and year: _____

(1) Mark with a check (✓) next to any source of income your household now receives or expects to receive.

☐ Employment/Wages	☐ Social Security/SSI	☐ Workman’s Comp/L&I	☐ Child support
☐ Self-employment/Gig work	☐ Retirement/Pension	☐ TANF/GAU	☐ Other
☐ Unemployment benefits	☐ Veteran’s benefits	☐ Gifts/Loans	

(2) On the chart below please list everyone in your household WITH or WITHOUT a source of income. Write “none” under Source of Income if the person has no income. Use additional sheets if necessary.

Name	Source of Income	Gross Amt of Income	Per Hour	Per Week	Per Month	Per Year

(3) Complete employer information. Use additional sheets if necessary. ☐ Check here if no one is employed. Employment includes gig work such as Uber, Lyft, or Instacart as well as other types of self-employment.

Person Employed: _____	Employer’s Name: _____
Address: _____	City, State, ZIP: _____
Telephone #: _____	Email: _____

(4) List all the expenses that you have had or expect to have this month. Put “N/A” if you don’t have an expense. Attach copies of expenses.

Expenses	Total Amount	Amount Paid Toward Expense	Source of Funds Used to Pay
Food			
Toiletries and Clothing			
Utilities			
Transportation (gas, bus, etc.)			
Car Insurance			
Medical/Dental			
Cell Phone			
Cable TV/Streaming/Internet			
Credit Card Payments			
Babysitters/Child Care			
Other:			

I/We hereby certify that this information is true and accurate. I understand that I must report, in writing, any income changes within 30 days of when the change occurred to the housing office. I/We understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated.

Head of Household Signature	Print Name	Date