

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

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

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**

