

# INTERIM WORKSHEET

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Fall River Housing Authority  
P.O. Box 989  
Fall River, MA 02722-0989

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**LIST ALL HOUSEHOLD MEMBERS**

NAMES
1
2
3
4
5
6

**LIST ALL FAMILY MEMBERS WITH INCOME AND WHAT THEIR INCOME IS:**

NAMES	TYPE OF INCOME RECEIVED (Wages, VA Benefits, Pension, SS, SSI, Worker's Comp., Child Support, Welfare, Alimony, Unemployment, Retirement, other, OR No Income)	Amount Received
1		
2		
3		
4		
5		
6		
7		

**Please explain what the changes are:**

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**PLEASE NOTE, NO CHANGES WILL BE MADE UNTIL THIS FORM IS COMPLETED AND SIGNED WITH THE APPROPRIATE DOCUMENTATION ATTACHED**

**WARNING: SECTION 1001 OF TITLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL OR FALSE STATEMENTS, OR MISREPRESENTATIONS, OF ANY MATERIAL FACT INVOLVING THE USE OR OBTAINING OF FEDERAL FUNDS**

\_\_\_\_\_  
Head of Household Signature