

## Recap Sheet For Preparation of 50059

Today's Date: \_\_\_\_\_ Property: \_\_\_\_\_ Property No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Initial Move In Date: \_\_\_\_\_ Effective Date of This Action: \_\_\_\_\_ Type: IR-UT / AR-UT / Initial / Interim / Recert / Transfer from \_\_\_\_\_

Bedroom Size: \_\_\_\_\_ Contract Rent: \$ \_\_\_\_\_ Utility Allowance: \$ \_\_\_\_\_ Previous Housing Code: (Move-Ins Only) 1, 3, 5, 6 \_\_\_\_\_

Pending Adoption / Expecting Child: Yes \_\_\_\_\_ No \_\_\_\_\_

	(Last)	(First)	(MI)	(M/F/B)	(Relationship)	(D/O/B)	(Race/Ethnicity)	(Social Security #)
Head of Household: 1)	_____	_____	_____	_____	_____	_____	_____	_____
Co-Applicant: 2)	_____	_____	_____	_____	_____	_____	_____	_____
Other Members: 3)	_____	_____	_____	_____	_____	_____	_____	_____
(Note): Anyone six 4)	_____	_____	_____	_____	_____	_____	_____	_____
(6) years of age or 5)	_____	_____	_____	_____	_____	_____	_____	_____
older <u>must</u> have a 6)	_____	_____	_____	_____	_____	_____	_____	_____
Social Security No. 7)	_____	_____	_____	_____	_____	_____	_____	_____

Are any of the household member(s) over 18 years of age a full-time student, handicapped, disabled, or a U.S. military veteran? If so, which member(s) and designation: \_\_\_\_\_

Are any of the household members (any age) mobility, hearing, or vision impaired? **Please circle appropriate impairment.**

**Assets:** Type: Checking = C, Savings = S, Bonds/Certificates of Deposits = B, Real Estate = R, IRA/Retirement Acct. = I  
 Amount \$ \_\_\_\_\_ @ \_\_\_\_\_ % Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_ @ \_\_\_\_\_ % Type: \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ @ \_\_\_\_\_ % Type: \_\_\_\_\_ Amount \$ \_\_\_\_\_ @ \_\_\_\_\_ % Type: \_\_\_\_\_

**Income:** (Circle type of income)

Member # \_\_\_\_\_ : Wages / SSA / SSI / Pension / KTAP / Other: \$ \_\_\_\_\_ (Wk / Bi-Wk / Semi-Mo / Mo / An) \_\_\_\_\_  
 Member # \_\_\_\_\_ : Wages / SSA / SSI / Pension / KTAP / Other: \$ \_\_\_\_\_ (Wk / Bi-Wk / Semi-Mo / Mo / An) \_\_\_\_\_  
 Member # \_\_\_\_\_ : Wages / SSA / SSI / Pension / KTAP / Other: \$ \_\_\_\_\_ (Wk / Bi-Wk / Semi-Mo / Mo / An) \_\_\_\_\_

**Allowances:** (For Households With Elderly Household Status)

	Medicare	Other Insurance	Prescriptions	Other Medical Exp	Other
Member # _____ :	\$ _____ x _____	\$ _____ x _____	\$ _____ x _____	\$ _____ x _____	\$ _____ x _____
Member # _____ :	\$ _____ x _____	\$ _____ x _____	\$ _____ x _____	\$ _____ x _____	\$ _____ x _____
Member # _____ :	\$ _____ x _____	\$ _____ x _____	\$ _____ x _____	\$ _____ x _____	\$ _____ x _____

Child Care: \$ \_\_\_\_\_ per \_\_\_\_\_ ; child care expenses may only be deducted for minors under 13 years of age. Child care expenses can only be deducted if head and spouse are actively working or going to school full-time.