

Section III - Household Composition and Income Information

For each household member over 18 years of age, attach documentation of income. Allowable income includes copies of two paychecks stubs or social security checks, obtain signature on income verification, social security eligibility letter with the amount of benefit stated. Other documentation may be approved. Contact the ABR program office if you have any questions— 974-3119.

(Attach additional page if necessary)

Name	Relationship	Age	Monthly Income	Annual Income
(applicant)				
		Total	\$	\$

Are any children under 18 living in the home? (circle one) Yes No

Are any children under 6 living in the home? (circle one) Yes No

(Please list)

Name	Age

Section IV – Applicant Acknowledgement

I certify that the information in this application is true and correct. I understand that any omissions or discrepancies found at any time may be grounds for disqualification from the program and may result in the demand for immediate repayment of any funds expended.

Signature of Applicant/Guardian

Date

The City of Austin is committed to compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended. Reasonable modifications and equal access to communications will be provided upon request. Please call 974-3863 (voice) or 974-3102 (TDD) for assistance. The City does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs and activities. If you have any questions or complaints regarding your ADA/Section 504 rights, please call the ADA/Section 504 Coordinator at 974-3256 (voice) or 974-2445 (TTY).

