



NUTRITION ASSISTANCE PROGRAM CERTIFICATION UNIT



EXPENSE QUESTIONNAIRE

CASE NAME: _____ CASE NO.: _____

DATE OF INTERVIEW: _____ INTERVIEWER: _____

A. Current Residence and Address:

1. Island: _____ Village: _____ Dist. No. _____
2. Mailing Address: P.O. Box _____
3. Home Phone _____ Office Phone: _____ Other: _____
4. Three neighbors living nearest to you:
 - a. _____ b. _____ c. _____
5. Do you own home? yes no If answer is no, free rent from: _____
 renting from _____
 for \$ _____ per month; NMHC Section 8 Housing for \$ _____ per month.

- B. Appliances:** refrigerator electric range hot plate LP gas stove
 freezer traditional firewood air conditioner home stereo
 radio TV automatic washer dryer scrub tub washer
 butane gas stove electric fan

- C. Utility Expenses:**
- a. How much money on the average is spent monthly on utility expenses? \$ _____
 - b. Is utility expenses considered Vendor Payment? yes no

- D. Laundry Expenses:**
- a. If no laundry facility, how often does the HH do laundry at the laundromat/relative/friend and where? _____ times per week month at _____
 - b. Is the laundry expenses considered Vendor Payment? yes no If no, how much money is spent on the average every time they do laundry? \$ _____

- E. Vehicle Transportation:**
1. Does the Household own a vehicle? yes no
(transportation mostly provided by _____.)
 2. Vehicle Year? _____, make? _____, model? _____.
 3. Is the vehicle paid off? yes no If no, is it considered Vendor Payment? yes no
 4. Monthly car payments if not paid off? \$ _____ Average monthly gas expenses? \$ _____

- F. Other Monthly Expenses:**
1. Cable T.V. \$ _____; IT&E \$ _____; Personal Loan (bank) \$ _____; etc.
 2. Any of the above expenses considered Vendor Payment? yes no
 3. If yes, which expenses? _____

G. Income vs. Expenses:
 If the Household's expenses exceed income, indicate how they manage to pay for expenses; also, indicate any unearned income, if any: _____

H. Household Certification Statement:
 I certify under penalty of perjury that the information is true and correct to the best of my knowledge and ability; and, I understand my liability for any Over Issuance and Penalty Charges which may result from erroneous information given herein.

HD AR _____
 (Print and Sign) _____ Date _____