|  |  |
| --- | --- |
| Project Title:       | Parcel No.:       |
| Displaced Person(s):       | Displacee No.:       |

|  |  |
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| **1. Displacee – Head of Household** | **2. Displacee – Spouse/Partner** |
| Employer:       | Employer:       |
| Employer’s Address:       | Telephone:        | Employer’s Address:       | Telephone:        |
| City:       | State:       | Zip Code:       | City:       | State:       | Zip Code:        |
| Occupation:       | Occupation:       |

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| **3. Income – Documentation Required** |
| Displacee Name | Relationship | Income per Month |  |
| Gross Wagers or Salary, before Taxes | Retirement | Benefits Payments |
| Social Security | Pensions, Other | Disability | Unemployment | Public Assistance |
|       |       |       |       |       |       |       |       |  |
|       |       |       |       |       |       |       |       |  |
| **NOTE: Exclude income of minors (children under 18 years of age or full-time students that live at home)** **Income Total** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Other Income – Documentation Required** | Name | Name |  |
| Net Income from Business |       |       |  |
| Gross Overtime Pay, Commissions, Tips and Bonuses |       |       |  |
| Alimony and Child Support |       |       |  |
| Worker’s Compensation |       |       |  |
| Military Pay (Include Regular, Reserve, Special Pay and/or Allowances) |       |       |  |
| Veteran’s Payments or Benefits |       |       |  |
| Interest and Dividend Income |       |       |  |
| Miscellaneous other Sources |       |       |  |
|  **Other Income Total** |       |

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| **5. Total Monthly Gross Income: $**      |

Remarks

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| Applicant Signature: | Date: |

I, (We) certify under the penalties of perjury, that my/our average monthly gross income, including salaries, wages, tips, commission, rents, royalties, dividends, interest, profits, pensions and annuities, irrespective of expanses and voluntary or involuntary deductions, is correctly stated above. I (We) understand that this information may be used in connection with a Federal-Aid highway project. I (We) understand that inquires will be made by the INSERT AGENCY NAME to verify the statements herein and that I will provide additional supporting documentation.