

STATEMENT OF LIVING ARRANGEMENTS, IN-KIND AND MAINTENANCE

Print in Ink.

Applicant's name (print first name, middle, last name)	Applicant's social security number
Spouse's name (print if spouse is applying or receiving benefits)	Spouse's social security number

PART I

A. Check the blocks which best describe your living arrangements.

1. I live (with): Alone Spouse

Minor child(ren) Parent(s) Other (specify): _____

2. I live in a: House Apartment Room (commercial establishment)

Room (private home) Mobile Home Other (specify): _____

3. Total number of people in household (including yourself) _____

B. Check "Yes" or "No" to the questions below.

1. Do you (and/or your spouse) own or are you buying the home you live in? Yes No
If "Yes," go to question C.

2. Do you (and/or your spouse) rent the place where you live? Yes No
If "Yes," go to question 4.

3. Does anyone who lives with you (other than your spouse) rent or are they buying the place where you live?
If "No," go question C. Yes No

4. Are you or anyone you live with related to the landlord (landlord's spouse or person purchasing the house)?
 Yes No

If "Yes," indicate relationship..... _____

5. If you answered "Yes" to 2 or 3, provide the following information:

Landlord's or buyer's name _____

Landlord's or buyer's address	City	State	ZIP Code
Landlord's or buyer's telephone number	Date rental agreement or purchase began (month/year)	Monthly rental or mortgage payment amount	

C. Does any agency, organization, or anyone who does not live with you pay, or help you pay, for any of the following items: food, rent, home mortgage payments, property insurance, real property taxes, heating fuel, gas, electricity, garbage, water, and/or sewer bills? Yes No

If "yes," please provide the following information about each item you receive; then go to question D.

ITEM	CONTRIBUTOR'S NAME, ADDRESS, AND TELEPHONE NUMBER			Frequency of Payment	In Cash	In-Kind	Dollar Value
	Name	Address	Telephone Number				

D. If you live with others, do all the other household members receive some type of public payment based on need (e.g., AFDC, SSI, VA)? Yes No
If "Yes," indicate below which agency. If "No," go to Part II.

Agency Name _____

PART II

Complete Part II if you live with at least one person other than, or in addition to, your spouse or minor child(ren).

A. What is the monthly amount of the following household cash expenses:

Food	\$ _____	Electricity	\$ _____
Mortgage or Rent	_____	Gas	_____
Property Insurance	_____	Water	_____
Real property taxes	_____	Sewer	_____
Heating fuel	_____	Garbage	_____

TOTAL \$ _____

B. How much is your cash contribution per month toward the household expenses list in item A? \$ _____

C. If you or your spouse own or rent, show the total monthly cash contributions from others with whom you live. \$ _____

SIGNATURES

Your signature (first name, middle initial, last name) (Sign in ink) Sign » Here	Date (month, day, year)
Spouse's signature if spouse is applying (first name, middle initial, last name) (Sign in ink) Sign » Here	Date (month, day, year)

Mailing address (number and street, apartment number, P.O. Box, or rural route)	City	State	Zip code	County
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PART III—FOR COUNTY USE ONLY —(To compute rebut calculation for PMV ISM)

1. Total shelter expenses	\$ _____
2. Total number of household members	_____
3. Pro rata share of household expenses per person (divide 1 by 2)	_____
4. Pro rata share per person multiplied by number of applicants	_____
5. Subtract applicants contribution	_____
6. Actual PMV ISM	\$ _____
7. Allocated amount of PMV ISM (from Pickle Handbook)	_____
8. If line 6 exceeds line 7, line 7 is not rebuttable	_____