

**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)  
EHA  
Survival Statement**

<input type="checkbox"/> <b>Applicant</b>	<input type="checkbox"/> <b>Household Member (18 years and older)</b>
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*This report covers the 30-day period prior to application date.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**INCOME FOR THE PAST 30 DAYS:**

- |   |          |                                   |
|---|----------|-----------------------------------|
| 1) Wages or Pay for Work<br>(List all occasional labor)                           | \$ _____ | Source of wages: _____            |
| 2) Loans/Gifts  | \$ _____ | Source: _____                     |
| 3) Food Stamps  | \$ _____ | Source: _____                     |
| 4) Utility Assistance   | \$ _____ | Source: _____                     |
| 5) Child Support  | \$ _____ | Source: _____                     |
| 6) Benefits _____<br>(Unemployment, VA, Disability, TANF, Education grants, etc.) | \$ _____ | per _____ (day, week, month, etc) |
| 7) Other _____  | \$ _____ | Source: _____                     |

**TOTAL INCOME FOR PAST 30 DAYS: \$ \_\_\_\_\_**

**EXPENSES FOR THE PAST 30 DAYS:**

- |                           |          |  |
|---------------------------|----------|--|
| 1) Food                   | \$ _____ |  |
| 2) Rent/House Payment     | \$ _____ |  |
| 3) Utilities: Heat/Lights | \$ _____ |  |
| Water/Sewer/Garbage       | \$ _____ |  |
| TV Cable                  | \$ _____ |  |
| Telephone                 | \$ _____ |  |
| 4) Vehicle                | \$ _____ |  |
| 5) Medical                | \$ _____ |  |
| 6) Personal Items         | \$ _____ |  |

**🔑 If your total expenses are greater than your listed income, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Includes gas, insurance, repairs, monthly payments)

(Cigarettes, clothes, paper products, laundry expenses, Entertainment - videos, bingo, etc.)

**TOTAL EXPENSES FOR PAST 30 DAYS: \$ \_\_\_\_\_**

By signing this statement, I certify the information given on this statement of survival is complete and accurate to the best of my knowledge.

I hereby grant the STHD permission to make inquiries regarding information I have provided on this document. I understand this information will be kept confidential and used only for program purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its Jurisdiction.**