

PO Box 16639, Tallahassee, FL 32317

850-414-9800; Fax: 850-617-6298

[www.kidsincorporated.org](http://www.kidsincorporated.org)

Housing Costs and Utilities Declaration Form

To Whom It May Concern

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am declaring that I pay the housing costs and utilities with their monthly amounts listed below. I certify the amounts are true and correct and I can provide documentation upon request to prove the amounts’ accuracy. In a case this information is found false, it can cause delay in the process of the application and/or your eligibility for the program.

|  |  |  |
| --- | --- | --- |
| **Housing Costs & Utilities** | **Check One** | **Monthly Amount Paid** |
| **Yes, applies to me** | **Does not apply to me** |
| Rent or Mortgage |  |  |  |
| Renter’s or Homeowner’s Insurance |  |  |  |
| Property or Renter’s Taxes |  |  |  |
| Electricity |  |  |  |
| Gas |  |  |  |
| Water |  |  |  |
| Sewer |  |  |  |
| Trash |  |  |  |
| Community Services (storm water, 911, etc.) |  |  |  |
| Total  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date