



### Rental Income

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address of Rental Property: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Documentation Period (365 days): \_\_\_\_\_ to \_\_\_\_\_ (Proof of income and expense are required for the entire documentation period)

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Income from Rental Property during documentation period: \$ \_\_\_\_\_

#### Expenses

Total heating & electrical if included in rent	\$ _____
Taxes Paid	\$ _____
Property Insurance	\$ _____
Minor Repairs (under \$1000)	\$ _____
Interest Portion of Mortgage payments	\$ _____
Major Repairs (please list)	_____

\_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses (please list)

\_\_\_\_\_ \$ \_\_\_\_\_

#### Total Expenses:

The above is true and complete statement of facts. I understand that my records are subject to audit and that to knowingly give the wrong information or misleading information constitutes as fraud and may result in criminal prosecution.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Office Use Only (only if applicant lives in an apartment at the same address of the rental property)

\$ \_\_\_\_\_ divide by \_\_\_\_\_ equals cost per unit \$ \_\_\_\_\_  
Total Expense # of units

\$ \_\_\_\_\_ minus \$ \_\_\_\_\_ equals adjusted expenses \$ \_\_\_\_\_  
Total Expense Cost per Unit

Subtract total expenses or adjusted expenses from income: **Net Profit** \$ \_\_\_\_\_

Please send all forms, applications and correspondence to **Your Local County's Outreach Office**

Carroll County Outreach Office  
448 White Mountain Highway  
Tamworth, NH 03886  
Phone: (603) 323-7400  
Email:carrollcc@tccap.org

Coos County Outreach Office  
53 Main Street Suite 2  
Berlin, NH 03570  
Phone: (603) 752-3248  
Email:berlincc@tccap.org

Grafton County Outreach Office  
41 School St  
Ashland, NH 03217  
Phone: (603) 968-3560  
Email:ashlandcc@tccap.org