ZERO INCOME REPORTING FORM

This institution is an equal housing provider and employer.

Revised 12/8/2010

All adult household members reporting zero income must complete this form.

Name: ___________________________ Phone: ___________________________

Please check all forms of income/assets you currently have:

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ SSI</td>
<td>□ Wages</td>
<td>□ OAP</td>
<td>□ Unemployment</td>
<td>□ Money from family/friends</td>
<td></td>
</tr>
<tr>
<td>$ _____</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>□ SSDI</td>
<td>□ Child Support</td>
<td>□ VA</td>
<td>□ Trust Fund</td>
<td>□ Alimony</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
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<td>$</td>
<td></td>
</tr>
<tr>
<td>□ AND</td>
<td>□ TANF</td>
<td>□ Pension</td>
<td>□ Food Stamps</td>
<td>□ Other</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>□ Savings Account</td>
<td>Balance: $</td>
<td>□ Checking Account</td>
<td>Balance: $</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer the following questions honestly and completely

Food Expenses

1. Is any member of the household receiving food stamps?
   - Yes ☐ No ☐
   Amount: $ _____

2. What is your household's monthly grocery bill?
   Amount: $ _____

3. If there are additional groceries not covered by food stamps, how does your family pay for them?

4. If someone other than a household member gives you cash for the groceries, who is it?
   Name: ___________________________
   Address: ___________________________
   Phone: ___________________________

5. What is the average cash monthly amount for groceries given to you?
   Amount: $ _____

6. Does anyone give groceries or prepared food to your family?
   - Yes ☐ No ☐
   Amount: $ _____

Cleaning, Grooming and Paper Product Expenses

1. What is the monthly value of paper products used by your family?
   Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers.
   Amount: $ _____

2. How does your household pay for these products?
3. If someone other than a household member provides paper products to your family, who is it?
   Name: 
   Address: 
   Phone: 

4. How much money does someone give your household to buy paper products on a monthly basis?
   Amount: $ 

5. Does anyone provide paper products to your family? 
   - If yes, what is the average monthly value of paper products provided to the family?
   □ Yes  □ No
   Amount: $ 

6. What is the monthly value of grooming products and services used by your household?
   Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, manicures, etc.
   Amount: $ 

7. How does your household pay for the cost of grooming products and services?

8. If someone other than a member of the household provides grooming products, who is it?
   Name: 
   Address: 
   Phone: 

9. What is the average monthly value of contributions (cash or products) this person provides for the grooming products?
   Amount: $ 

10. What is the monthly value of cleaning products used by your household? 
    Include dishwashing soap, laundry detergent, and household cleaning products.
    Amount: $ 

11. How does your household pay for cleaning products?

12. If someone other than a member of the household provides cleaning products, who is it?
    Name: 
    Address: 
    Phone: 

13. What is the average monthly value of cash contributions given to your household for cleaning products?
    Amount: $ 

14. Does anyone provide cleaning products to your household? 
    If yes, what is the average monthly value of cleaning products provided to the family? 
    □ Yes  □ No
    Amount: $ 

**Transportation Expenses**

1. Does your family own a car? (If no, skip to question #11) 
   - If yes, are there still payments due on the car? 
   - If yes, what is the amount of the monthly car payment? 
   - How does your family make the car payment? 
   □ Yes  □ No 
   □ Yes  □ No
   Amount: $ 

2. If someone other than a member of the household makes the car payment, who is it?  
Name:  
Address:  
Phone:  

3. What is the monthly amount that the person listed above pays toward the car payment?  
Amount: $  

4. What is the average monthly cost for gas to operate your vehicle?  
Amount: $  

5. What is the average annual cost for maintenance on your vehicle?  
Amount: $  

6. What is the average annual cost for tires?  
Amount: $  

7. What is the average annual cost for insurance on this vehicle?  
Amount: $  

8. How does your household pay for the above auto-related expenses?  

9. If someone other than a member of the household contributes to the car's operating costs, who is it?  
Name:  
Address:  
Phone:  

10. What is the average monthly amount of cash or direct payment contribution to the car's operating costs?  
Amount: $  

11. If your household does not have a car, what do you use for transportation?  

12. What is the average monthly transportation costs for your household?  
Amount: $  

12. How does your household pay for transportation?

13. If someone other than a member of the household contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation?  
Amount: $  

---

**Entertainment Expenses**

1. Does your family have a cable TV or satellite connection? (If no, skip to question #6)  
urvey  

2. What is the average monthly cost of cable TV/satellite service?  
Amount: $  

3. How does your household pay for the cable TV/satellite service?  

4. If someone other than a member of your household pays for the cost of your cable TV/satellite service, who is it?  
Name:  
Address:  
Phone:  

5. What is the average monthly payment (in cash or direct payment to the cable company) this person pays for your cable TV/satellite?  
Amount: $  

6. What are the average monthly costs of other types of entertainment for your household?

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magazines</td>
<td></td>
</tr>
<tr>
<td>Movies</td>
<td></td>
</tr>
<tr>
<td>Video Rentals</td>
<td></td>
</tr>
<tr>
<td>Club Memberships</td>
<td></td>
</tr>
<tr>
<td>Sporting Events</td>
<td></td>
</tr>
<tr>
<td>Lottery Tickets</td>
<td></td>
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<tr>
<td>Liquor/Beer/Wine</td>
<td></td>
</tr>
<tr>
<td>Vacations</td>
<td></td>
</tr>
<tr>
<td>Other entertainment</td>
<td></td>
</tr>
</tbody>
</table>

7. How does your household pay for the other entertainment costs?

8. If someone other than a member of your household contributes to the cost of the other entertainment, who is it?

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
</tbody>
</table>

---

**Clothing Expenses**

1. What is the average monthly cost for clothing and shoes for your family? Amount: $ ____________

2. How does your family pay for clothing and shoes?

---

**Smoking Expenses**

1. Does anyone in your household smoke cigarettes or cigars? □ Yes □ No

   - If yes, how many packs per day are smoked by the smokers in the household? Number of packs per day: ____________

2. How does your household pay for the cost of cigarettes/cigars?

3. If someone other than a member of the household contributes to the cost of smoking, who is it?

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
</tbody>
</table>

4. What is the average monthly contribution in cash, cigarettes, or cigars? Amount: $ ____________
### Communications Expenses

1. Does your family have a telephone?  
   - Yes ☐ No ☐  
   - If yes, how many lines does the family have in the unit? # of lines __________

2. Does your family have any special telephone services? (For example, call waiting, call forwarding, caller ID, etc)  
   - Yes ☐ No ☐

3. Does anyone in your household have a cell phone?  
   - Yes ☐ No ☐

4. What is the average monthly cost for telephone service?  
   - Amount: $ ______________

5. How does your household pay for the cost of telephone service?  
   - Name:  
   - Address:  
   - Phone:  

6. If someone other than a member of the household contributes to the cost of telephone service, who is it?  
   - Name:  
   - Address:  
   - Phone:  

7. What is the average monthly contribution (in cash or direct payment to the telephone company) this person provides for telephone service?  
   - Amount: $ ______________

8. Does anyone in your household have a computer?  
   - Yes ☐ No ☐

9. Does anyone in your household have an internet connection?  
   - Yes ☐ No ☐  
   - If yes, who is the internet provider? Service provider: ______________

10. What is the monthly cost of the internet connection?  
    - Amount: $ ______________

11. How does your household pay for the internet connection?  

12. If someone other than a member of the household contributes to the cost of the internet connection, who is it?  
    - Name:  
    - Address:  
    - Phone:  

13. What is the average monthly contribution (in cash or direct payment to the internet provider) this person pays for internet services?  
    - Amount: $ ______________

### Housing and Utility Expenses

1. What is the average monthly cost for your housing?  
   - Amount: $ ______________

2. How does your household pay for the cost of housing and utilities?  
   - Amount: $ ______________

3. If someone other than a member of the household makes a contribution toward housing and utility costs, who is it?  
   - Name:  
   - Address:  
   - Phone:
### Miscellaneous Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church contributions</td>
<td>$</td>
</tr>
<tr>
<td>Unreimbursed educational expenses</td>
<td>$</td>
</tr>
<tr>
<td>Unreimbursed child care expenses</td>
<td>$</td>
</tr>
<tr>
<td>Unreimbursed job expenses</td>
<td>$</td>
</tr>
<tr>
<td>Unreimbursed medical expenses</td>
<td>$</td>
</tr>
<tr>
<td>Pets expenses</td>
<td>$</td>
</tr>
<tr>
<td>Other expenses</td>
<td>$</td>
</tr>
</tbody>
</table>

### ZERO INCOME VERIFICATION

At this time, this household has no income. I certify that the information presented is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease.

Tenant Signature ___________________________ Date __________

Co-Tenant Signature ___________________________ Date __________

**WARNING:** Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f,g, and h.

This institution is an equal housing provider and employer. Revised 12/8/2010
ZERO INCOME REPORTING FORM

This institution is an equal housing provider and employer.

Revised 12/8/2010

All adult household members reporting zero income must complete this form.

Name: ___________________________ Phone: ___________________________

Please check all forms of income/assets you currently have:

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI</td>
<td></td>
</tr>
<tr>
<td>Wages</td>
<td></td>
</tr>
<tr>
<td>OAP</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
</tr>
<tr>
<td>Money from family/friends</td>
<td></td>
</tr>
<tr>
<td>SSDI</td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
</tr>
<tr>
<td>VA</td>
<td></td>
</tr>
<tr>
<td>Trust Fund</td>
<td></td>
</tr>
<tr>
<td>Alimony</td>
<td></td>
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<tr>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>TANF</td>
<td></td>
</tr>
<tr>
<td>Pension</td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Savings Account</td>
<td>Balance: $</td>
</tr>
<tr>
<td>Checking Account</td>
<td>Balance: $</td>
</tr>
</tbody>
</table>

Please answer the following questions honestly and completely:

Food Expenses

1. Is any member of the household receiving food stamps?  
   - If yes, what is the value of the food stamps?  
   Amount: $ ___________________________

2. What is your household's monthly grocery bill?  
   Amount: $ ___________________________

3. If there are additional groceries not covered by food stamps, how does your family pay for them?  

4. If someone other than a household member gives you cash for the groceries, who is it?  
   Name: ___________________________  
   Address: ___________________________  
   Phone: ___________________________

5. What is the average cash monthly amount for groceries given to you?  
   Amount: $ ___________________________

6. Does anyone give groceries or prepared food to your family?  
   - If yes, what is the approximate value of the food/groceries?  
   Amount: $ ___________________________

Cleaning, Grooming and Paper Product Expenses

1. What is the monthly value of paper products used by your family?  
   Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers.  
   Amount: $ ___________________________

2. How does your household pay for these products?  

3. If someone other than a household member provides paper products to your family, who is it?
   Name:  
   Address:  
   Phone:  

4. How much money does someone give your household to buy paper products on a monthly basis?
   Amount: $  

5. Does anyone provide paper products to your family?
   - If yes, what is the average monthly value of paper products provided to the family?
   □ Yes  □ No
   Amount: $  

6. What is the monthly value of grooming products and services used by your household?
   Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, manicures, etc.
   Amount: $  

7. How does your household pay for the cost of grooming products and services?

8. If someone other than a member of the household provides grooming products, who is it?
   Name:  
   Address:  
   Phone:  

9. What is the average monthly value of contributions (cash or products) this person provides for the grooming products?
   Amount: $  

10. What is the monthly value of cleaning products used by your household?
    Include dishwashing soap, laundry detergent, and household cleaning products.
    Amount: $  

11. How does your household pay for cleaning products?

12. If someone other than a member of the household provides cleaning products, who is it?
    Name:  
    Address:  
    Phone:  

13. What is the average monthly value of cash contributions given to your household for cleaning products?
    Amount: $  

14. Does anyone provide cleaning products to your household?
    If yes, what is the average monthly value of cleaning products provided to the family?
    □ Yes  □ No
    Amount: $  

Transportation Expenses

1. Does your family own a car? (If no, skip to question #11)
   - If yes, are there still payments due on the car?
   - If yes, what is the amount of the monthly car payment?
   - How does your family make the car payment?
   □ Yes  □ No  □ Yes  □ No
   Amount: $  

2. If someone other than a member of the household makes the car payment, who is it?  
Name:  
Address:  
Phone:  

<table>
<thead>
<tr>
<th>Question</th>
<th>Amount: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. What is the monthly amount that the person listed above pays toward the car payment?</td>
<td></td>
</tr>
<tr>
<td>4. What is the average monthly cost for gas to operate your vehicle?</td>
<td></td>
</tr>
<tr>
<td>5. What is the average annual cost for maintenance on your vehicle?</td>
<td></td>
</tr>
<tr>
<td>6. What is the average annual cost for tires?</td>
<td></td>
</tr>
<tr>
<td>7. What is the average annual cost for insurance on this vehicle?</td>
<td></td>
</tr>
<tr>
<td>8. How does your household pay for the above auto-related expenses?</td>
<td></td>
</tr>
<tr>
<td>9. If someone other than a member of the household contributes to the car's operating costs, who is it?</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>10. What is the average monthly amount of cash or direct payment contribution to the car's operating costs?</td>
<td>Amount: $</td>
</tr>
<tr>
<td>11. If your household does not have a car, what do you use for transportation?</td>
<td></td>
</tr>
<tr>
<td>12. What is the average monthly transportation costs for your household?</td>
<td>Amount: $</td>
</tr>
<tr>
<td>13. If someone other than a member of the household contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation?</td>
<td>Amount: $</td>
</tr>
</tbody>
</table>

**Entertainment Expenses**

<table>
<thead>
<tr>
<th>Question</th>
<th>Amount: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your family have a cable TV or satellite connection? (If no, skip to question #6)</td>
<td>Yes</td>
</tr>
<tr>
<td>2. What is the average monthly cost of cable TV/satellite service?</td>
<td>Amount: $</td>
</tr>
<tr>
<td>3. How does your household pay for the cable TV/satellite service?</td>
<td></td>
</tr>
<tr>
<td>4. If someone other than a member of your household pays for the cost of your cable TV/satellite service, who is it?</td>
<td></td>
</tr>
</tbody>
</table>
Name:  
Address:  
Phone:  |                          |
| 5. What is the average monthly payment (in cash or direct payment to the cable company) this person pays for your cable TV/satellite? | Amount: $                |
6. What are the average monthly costs of other types of entertainment for your household?

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magazines</td>
<td>$</td>
</tr>
<tr>
<td>Movies</td>
<td>$</td>
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<tr>
<td>Video Rentals</td>
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<td>Sporting Events</td>
<td>$</td>
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<td>Lottery Tickets</td>
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<td>Liquor/Beer/Wine</td>
<td>$</td>
</tr>
<tr>
<td>Vacations</td>
<td>$</td>
</tr>
<tr>
<td>Other entertainment</td>
<td>$</td>
</tr>
</tbody>
</table>

7. How does your household pay for the other entertainment costs?

8. If someone other than a member of your household contributes to the cost of the other entertainment, who is it?

| Name: | Address: | Phone: |

---

**Clothing Expenses**

1. What is the average monthly cost for clothing and shoes for your family?  
2. How does your family pay for clothing and shoes?  

| Amount: $ |

3. If someone other than a member of the household contributes to the cost of clothing, who is it?  

| Name: | Address: | Phone: |

4. What is the average monthly contribution (in cash or actual items) for clothing?  

| Amount: $ |

---

**Smoking Expenses**

1. Does anyone in your household smoke cigarettes or cigars?  
   - If yes, how many packs per day are smoked by the smokers in the household?  

| Yes | No | Number of packs per day: |

2. How does your household pay for the cost of cigarettes/cigars?  

3. If someone other than a member of the household contributes to the cost of smoking, who is it?  

| Name: | Address: | Phone: |

4. What is the average monthly contribution in cash, cigarettes, or cigars?  

| Amount: $ |
**Communications Expenses**

1. Does your family have a telephone?  
   - If yes, how many lines does the family have in the unit?  
     [ ] Yes  [ ] No  
     # of lines ______

2. Does your family have any special telephone services? (For example, call waiting, call forwarding, caller ID, etc)  
   [ ] Yes  [ ] No

3. Does anyone in your household have a cell phone?  
   [ ] Yes  [ ] No

4. What is the average monthly cost for telephone service?  
   Amount: $ ___________

5. How does your household pay for the cost of telephone service?

6. If someone other than a member of the household contributes to the cost of telephone service, who is it?  
   Name:  
   Address:  
   Phone:

7. What is the average monthly contribution (in cash or direct payment to the telephone company) this person provides for telephone service?  
   Amount: $ ___________

8. Does anyone in your household have a computer?  
   [ ] Yes  [ ] No

9. Does anyone in your household have an internet connection?  
   - If yes, who is the internet provider?  
     Service provider: _________

10. What is the monthly cost of the internet connection?  
    Amount: $ ___________

11. How does your household pay for the internet connection?

12. If someone other than a member of the household contributes to the cost of the internet connection, who is it?  
    Name:  
    Address:  
    Phone:

13. What is the average monthly contribution (in cash or direct payment to the internet provider) this person pays for internet services?  
    Amount: $ ___________

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**Housing and Utility Expenses**

1. What is the average monthly cost for your housing?  
   Amount: $ ___________

2. How does your household pay for the cost of housing and utilities?  
   Amount: $ ___________

3. If someone other than a member of the household makes a contribution toward housing and utility costs, who is it?  
   Name:  
   Address:  
   Phone:
**Miscellaneous Expenses**

1. How much does your household spend per year on the following expenses?

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church contributions</td>
<td></td>
</tr>
<tr>
<td>Unreimbursed educational expenses</td>
<td></td>
</tr>
<tr>
<td>Unreimbursed child care expenses</td>
<td></td>
</tr>
<tr>
<td>Unreimbursed job expenses</td>
<td></td>
</tr>
<tr>
<td>Unreimbursed medical expenses</td>
<td></td>
</tr>
<tr>
<td>Pets expenses</td>
<td></td>
</tr>
<tr>
<td>Other expenses</td>
<td></td>
</tr>
</tbody>
</table>

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**ZERO INCOME VERIFICATION**

At this time, this household has no income. I certify that the information presented is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease.

Tenant Signature ___________________________ Date ______________

Co-Tenant Signature ___________________________ Date ______________

**WARNING:** "Title 48, Section 1091 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited therein. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for dangers, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f,g, and h."