

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:

<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Wages \$ _____	<input type="checkbox"/> OAP \$ _____	<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Money from family/friends \$ _____
<input type="checkbox"/> SSDI \$ _____	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> VA \$ _____	<input type="checkbox"/> Trust Fund \$ _____	<input type="checkbox"/> Alimony \$ _____
<input type="checkbox"/> AND \$ _____	<input type="checkbox"/> TANF \$ _____	<input type="checkbox"/> Pension \$ _____	<input type="checkbox"/> Food Stamps \$ _____	<input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Savings Account Balance: \$ _____		<input type="checkbox"/> Checking Account Balance: \$ _____		

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? • If yes, what is the approximate value of the food/ groceries?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____

Cleaning, Grooming and Paper Product Expenses	
1. What is the monthly value of paper products <i>used</i> by your family? <i>Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers.</i>	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
6. What is the monthly value of grooming products and services used by your household? <i>Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, manicures, etc.</i>	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? <i>Include dishwashing soap, laundry detergent, and household cleaning products.</i>	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
Transportation Expenses	
1. Does your family own a car? <i>(if no, skip to question #11)</i> • 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? Include the following:	
Magazines	Amount: \$ _____
Movies	Amount: \$ _____
Video Rentals	Amount: \$ _____
Club Memberships	Amount: \$ _____
Sporting Events	Amount: \$ _____
Lottery Tickets	Amount: \$ _____
Liquor/Beer/Wine	Amount: \$ _____
Vacations	Amount: \$ _____
Other entertainment	Amount: \$ _____
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No # of lines _____
2. Does your family have any special telephone services? (For example, call waiting, call forwarding, caller ID, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does anyone in your household have a cell phone?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does anyone in your household have an internet connection? • If yes, who is the internet provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No 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? For utilities?	Amount: \$ _____ Amount: \$ _____
2. How does your household pay for the cost of housing and utilities?	
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?	
Church contributions	Amount: \$ _____
Unreimbursed educational expenses	Amount: \$ _____
Unreimbursed child care expenses	Amount: \$ _____
Unreimbursed job expenses	Amount: \$ _____
Unreimbursed medical expenses	Amount: \$ _____
Pets expenses	Amount: \$ _____
Other expenses	Amount: \$ _____

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."



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9. Does anyone in your household have an internet connection? • If yes, who is the internet provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No Service provider: _____
10. What is the monthly cost of the internet connection?	Amount: \$ _____
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