

Zero Income Questionnaire

Tenant Name: _____

Unit #: _____ Date: _____

Please describe briefly how your household is meeting your basic daily/monthly needs by filling in **ALL** blanks on this form. **DO NOT leave any blanks!** If it does not apply write N/A in the space. Please answer questions honestly.

*** Note: Cash assistance may or may not affect your monthly rent amount.*

1. What is the amount you and/or your household receives each month to assist with daily personal needs (cash or bills paid) by family, friends or any other source:

Source(s) of assistance:

2. What is the amount you and/or your household receives on a regular or occasional basis from the following:

a) Child Support _____

g) Family/Friends _____

b) Unemployment _____

h) Workman's Comp _____

c) SS and/or SSI _____

i) AFDC/Welfare _____

d) Gifts _____

j) Retirement/Pension _____

e) Insurance Settlement _____

l) Other Source _____

List how you pay or will pay for the following:

1. RENT:

If you pay rent, source of funds used to pay rent: _____

2. UTILITIES/CABLE/INTERNET:

Do you have cable/satellite TV: _____ If so, monthly amount: _____

Do you have internet service: _____ If so, monthly amount: _____

Do you have video streaming service (Netflix, Hulu, etc.) _____

If so, monthly amount: _____

Source of funds to pay for utilities/cable/internet:

3. PHONE:

Do you or anyone in your household have a home and/or cell phone:

Source of funds used to pay phone bill(s): _____

4. FOOD:

Do you or anyone in your household receive Food Stamps: _____ If so, monthly amount:

Source of funds to buy grocery items (if no Food Stamps): _____

5. PERSONAL HYGIENE:

How much does your household spend on personal hygiene products (soaps, deodorant, hair products, make-up, over-the-counter medication, etc.) per month:

Source of funds for these items: _____

6. VEHICLE:

Does anyone in the household have a vehicle: _____ If so, is there a car loan payment:

Monthly car loan payment amount: _____ Average spent on gas/upkeep per month: _____

Do you pay auto insurance: _____ Monthly payment amount:

Do you pay for registration and emissions testing? _____

Source of funds for any of these items listed above: _____

7. CIGARETTES/VAPOR/ALCOHOL:

Do you or anyone in your household smoke/vape: _____ If so, monthly amount spent:

Do you or anyone in your household drink alcohol: _____ If so, monthly amount spent: _____

Source of funds for cigarettes/vape/alcohol: _____

8. LAUNDRY/CLEANING SUPPLIES:

Do you use a laundromat or on-site laundry facilities: _____ If so, monthly amount spent: _____

Please list the average amount you or anyone in your household spends on household goods & cleaning supplies per month (toilet paper, paper towels, trash bags, laundry soap, etc):

_____ Source of funds for laundry/cleaning supplies: _____

9. CHILDREN:

Are there children in the household: _____ If so, how many: _____

Do you or anyone in the household receive child support: _____ If so, monthly amount: _____

Do you or anyone in the household pay for daycare/preschool: _____

If so, monthly amount: _____ Is there state assistance (ICCP) to help pay: _____

Source of funds to pay the above items: _____

Do you or anyone in the household pay for diapers and/or other child needs: _____

Source of funds to pay for these items: _____

Do you pay for school related expenses (lunches, supplies, fees, etc.):

Source of funds to pay for these items: _____

10. CLOTHING, SHOES, ETC:

Please list the approximate amount you or anyone in your household spends on clothing, shoes, accessories, etc. per month: _____

Source of funds to pay for these items: _____

11. ENTERTAINMENT:

Do you or anyone in your household go to movies, eat out, and/or participate in sports/recreation/entertainment activities, etc: _____ Source of funds for entertainment expenses: _____

12. PETS:

Are there any pets in the household: _____ If so, monthly amount spent for pet food, veterinarian care, toys etc: _____ Source of funds for these expenses: _____

13. OTHER EXPENSES NOT LISTED ABOVE: (credit cards, medical expenses, loans, etc)

Are there any other expenses for this household: _____

Please list any other expenses: _____

Source of funds for these expenses:

I/we certify the above information to be correct and any misrepresentation of household income may result in termination of my/our assistance and/or lease, as permitted by Federal Regulations and/or State and Local law. I understand that I must complete this Questionnaire on a monthly/quarterly basis for as long as no adult member of the household is working or receiving regular income and/or benefits (such as child support, social security, etc.) and/or has an adjusted income of less than \$75 per month.

I/we understand that, if I/we furnish false or incomplete information, I/we can be fined up to \$10,000 or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased.

Tenant Signature: _____ Date: _____

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PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. 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 and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. 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 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 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).
01/18

I hereby certify that I have reviewed this self-certification of income and expense and that based on statements made by this program participant, they do _____/do not _____ have household finds which are to be considered as income.

SJCHA Representative's Signature _____

Date _____

The St. Joseph County Housing Authority does not discriminate based on disability, race, color, religion, sex, familial status, or national origin in the admission or access to, or treatment or employment in its federally assisted programs and activities.