



**VERIFICATION OF ZERO INCOME**

I am not currently working nor am I receiving any form of income. This includes, but is not limited to, income from any of the following:

1. Wages, Public Assistance (AFDC, GA, etc.)
2. Child Support, alimony, or regular monetary gifts from family or friends, etc.
3. Assets (real estate, stocks, etc., may be inherited property).
4. Income from interest from Savings, Checking and other bank accounts: IRA, Certificates of Deposit, Money Market Funds, Credit Unions, etc.).
5. U. S. Savings Bonds, stocks or bonds of any kind.
6. Pension, annuities, retirement funds, etc. (This includes benefits you may receive from being beneficiary of a life insurance or retirement plan).
7. Whole Life Insurance
8. Real Estate Property, Earned Income Tax Credit, etc.
9. ANY OTHER INCOME: (includes tips, sold property, babysitting, etc.)

I understand that as soon as I start receiving income I should report it the Housing Authority immediately.

**Tenant Authorization**

I certify that this information is true and correct.

\_\_\_\_\_  
TENANT'S PRINTED NAME

\_\_\_\_\_  
TENANT'S SIGNATURE

\_\_\_\_\_  
DATE

**Notary**

**SEAL**

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
NOTARY COMMISSION EXPIRE DATE



**ZERO INCOME QUESTIONNAIRE**

**Last Employer**

If employed during the past 12 months, complete the following: (Attach additional page if necessary.)

Name of your last employer: \_\_\_\_\_

Salary: \_\_\_\_\_

How long were you employed? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Federal Benefits**

If you received any federal benefits during the last 12 months, complete the following:

Amount: \$ \_\_\_\_\_ Received from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason you no longer receive benefits? \_\_\_\_\_

Did you file federal/state income tax returns for the previous year?  Yes  No

Have you applied for any of the following benefits?

- TANF      What is the status? \_\_\_\_\_ If denied, state reason: \_\_\_\_\_
- Unemployment      What is the status? \_\_\_\_\_ If denied, state reason: \_\_\_\_\_
- Social Security      What is the status? \_\_\_\_\_ If denied, state reason: \_\_\_\_\_

**Expenses**

- 1) Do you own a car?  Yes  No *If yes, complete the following:*  
 Monthly Car Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Gas \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Insurance \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Repairs \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Repairs \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Registration/Inspection \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 2) Do you ride the bus?  Yes  No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 3) Do you have any loans?  Yes  No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 4) Do you have any credit cards?  Yes  No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 5) Do you have rented furniture?  Yes  No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_

- 6) Do you have a cell phone?  Yes  No  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 7) Do you have a landline phone?  Yes  No  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 8) Do you have cable?  Yes  No  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 9) Do you have internet service?  Yes  No  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 10) Do you order out?  Yes  No  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 11) Do you have grooming expenses?  Yes  No  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 12) Do you smoke?  Yes  No  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 13) Do you have any other expenses?  Yes  No  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 14) How do you buy food? \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 15) How do you pay for non-food items? \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 16) How do you obtain medical care? \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 17) How do you obtain clothing? \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_
- 18) How do you pay for entertainment? \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Where does money for payment come from? \_\_\_\_\_

**Tenant Authorization**

I hereby certify that I have answered the questions truthfully and provided full disclosure for my living expenses. I understand that if it is discovered that I have falsified this document that I may be subject to fraud charges, eviction, or my account may be backcharged. I further understand that I am responsible for reporting all income sources to the PHA in order to determine my subsidy.

\_\_\_\_\_  
TENANT'S PRINTED NAME

\_\_\_\_\_  
TENANT'S SIGNATURE

\_\_\_\_\_  
DATE