

ZERO INCOME HOUSEHOLD QUESTIONNAIRE
12/1/2024 Revision

Name: _____ Address: _____ SSN (last 4 digits): _____

Instructions

- This form must be completed by the Head of Household (HOH) before admission and as needed thereafter.
- **Any dollar amount listed may be counted as household income and used to determine your rent portion.**
- Complete the form by **explaining how you will pay your monthly expenses once your wages, disbursement check, benefits, and/or any additional income sources stop.**
- Regular contributions and/or gifts received from organizations or people not living in your household are included in income calculations, as per HUD Regulation 24 CFR 5.609.

WARNING:

Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 101, 1010, 1012; 31 U.S.C. 3279, 3802).

Title 18, Section 4904 of the Pennsylvania Statutes states that a person commits a misdemeanor of the second degree if they intend to mislead a public servant, by: [1] Making any written false statement they do not believe to be true; [2] Submitting or inviting reliance on any writing they know to be forged, altered or otherwise lacking in authenticity; or [3] Submitting or invites reliance on any sample, specimen, map, boundary mark, or other object which they know to be false.

NOTICE:

Any attempt to fraudulently obtain assisted housing, rent subsidy, or rent reduction will result in fines up to \$10,000 or imprisonment for up to five years, or both.

Last Employer

If employed during the past 12 months, complete the following:

[Attach additional page(s) if necessary.]

Name of your last employer: _____

Salary: _____

How long were you employed? _____

Reason for leaving: _____

Benefit Application(s)

Have you applied for any of the following benefits?

- | | | |
|---|---------------------------|--------------------------|
| <input type="checkbox"/> TANF | What is the status? _____ | If denied, reason: _____ |
| <input type="checkbox"/> Unemployment | What is the status? _____ | If denied, reason: _____ |
| <input type="checkbox"/> Social Security/SSI | What is the status? _____ | If denied, reason: _____ |

Expenses

Answer the following questions to identify your monthly expenses and their sources of payment. If **yes** is selected for any question, complete all associated questions for that number. If **no** is selected, move to the next number.

- 1) Do you own a car? Yes No
 Monthly Car Payment \$ _____ Source of payment? _____
 Monthly Gas \$ _____ Source of payment? _____
 Monthly Insurance \$ _____ Source of payment? _____
- 2) Do you ride the bus? Yes No
 Monthly Payment \$ _____ Source of payment? _____
- 3) Do you have any loans? Yes No
 Monthly Payment \$ _____ Source of payment? _____
- 4) Do you have any credit cards? Yes No
 Monthly Payment \$ _____ Source of payment? _____
- 5) Do you pay for any utilities? Yes No
 Monthly Gas Payment \$ _____ Source of payment? _____
 Monthly Electric Payment \$ _____ Source of payment? _____
 Monthly Water Payment \$ _____ Source of payment? _____
 Monthly Sewer Payment \$ _____ Source of payment? _____
- 6) Do you have a cell phone? Yes No
 Monthly Payment \$ _____ Source of payment? _____
- 7) Do you have cable/streaming services? Yes No
 Monthly Payment \$ _____ Source of payment? _____
- 8) Do you have internet service? Yes No
 Monthly Payment \$ _____ Source of payment? _____
- 9) Do you order out for food? Yes No
 Monthly Payment \$ _____ Source of payment? _____

- 10) Do you smoke? Yes No
 Monthly Payment \$ _____ Source of payment? _____
- 11) Do you have any pets? Yes No
 Monthly Payment \$ _____ Source of payment? _____
- 12) Do you have any cleaning, paper, and/or personal care products? Yes No
 Monthly Payment \$ _____ Source of payment? _____
- 13) Do you have any other expenses? Yes No If yes, please list: _____
 Monthly Payment \$ _____ Source of payment? _____
- 14) How do you buy food?
 Monthly Payment \$ _____ Source of payment? _____
- 15) How do you pay for entertainment (i.e., sports, recreation, theater, nightlife, etc.)?
 Monthly Payment \$ _____ Source of payment? _____

Tenant Authorization

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. **WARNING:** Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 101, 1010, 1012; 31 U.S.C. 3279, 3802).

I certify that I have fully disclosed my living expenses and understand that any misrepresentation of information or failure to disclose information requested on this questionnaire may result in fraud charges, denial of application, termination of assistance, or eviction. I understand that I am responsible for reporting all income sources to HACP to determine my subsidy, and **per 24 CFR 5.609, any dollar amount listed may be counted as household income (and may be used to calculate my rent portion).**

 HEAD OF HOUSEHOLD PRINTED NAME

 HEAD OF HOUSEHOLD SIGNATURE

 DATE