

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