

Zero Income Worksheet

This Worksheet is to be completed for all households reporting less than \$100 per month in total income. The Form should be completed prior to admission and at each recertification (quarterly re-evaluation of all zero income applicants / tenants is required). The form first lists all the cash and non-cash contributions the household is receiving and then assists staff to compute the annual value of such contributions. The household is required to submit documentation of amounts claimed.

1. Food Expenses

Is the household receiving Food Stamps? ☐ Yes ☐ No. If yes, what is the monthly value of food stamps? \$ _____. If no, what is the household's monthly grocery bill? \$ _____.

How does the household pay the monthly grocery bill? _____.
If someone other than a member of the applicant/tenant household contributes to groceries, who contributes? _____.

What is the average monthly cash amount for groceries contributed from all sources other than food stamps? \$ _____. **This amount is income.**

Note: Food contributed by food banks, received from the surplus commodity program, groceries provided by persons not living in the household, the WIC program, the Meals on Wheel program, Food Stamps, SNAP or consumed at publicly or non-profit funded meals programs does not count as income.

2. Cleaning, Grooming and Paper Products Expenses

What is the monthly value of paper products used by the household? Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers. \$ _____. How does the household pay for these paper products? _____.

If someone other than a member of the applicant/tenant household contributes to paper products, who contributes? _____. What is the average monthly value of cash contributions for paper products? \$ _____. **This amount is income.**

What is the monthly value of grooming products and services used by the household? Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services etc. \$ _____. How does the household pay for the cost of grooming products and services? _____.

If someone other than a member of the applicant household contributes to grooming products, who contributes? _____. What is the average monthly value of contributions (cash or products) for grooming products? \$ _____. **This amount is income.**

What is the monthly value of cleaning products used by the household? Include dishwashing soap, laundry detergent, and household cleaning products. \$ _____. How does the household pay for cleaning products? _____.

If someone other than a member of the applicant/tenant household contributes to cleaning products,

who contributes? _____. What is the average monthly value of cash contributions for cleaning products? \$ _____. **This amount is income.**

3. Transportation Expenses

Does the household own a car? ☐ Yes ☐ No. If yes, are there still payments due on the car? ☐ Yes ☐ No
If yes, what is the amount of the monthly car payment? \$ _____. How does the household make the car payment? _____.

If someone other than a member of the applicant/tenant household contributes to the car payment, who contributes? _____. What is the monthly amount of contribution toward the car payment? \$ _____. **This amount is income. The amount is income whether it is cash paid to the household or cash paid directly to the holder of the car note.**

If the household owns a car, what are the average monthly amounts the household pays for the following:

Gas \$ _____ Maintenance \$ _____ Insurance \$ _____ Tires \$ _____

How does the household pay for these auto-related expenses?

_____.

If someone other than a member of the applicant/tenant household contributes to the car's operating costs, who contributes? _____. What is the average monthly amount of cash or direct payment contribution to the car's operating costs? \$ _____. **This amount is income.**

Verification: A household without a car should provide a credible statement of the way they pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.

Note: Uninsured automobiles cannot be parked on property.

4. Entertainment Expenses

Does the household have a cable/satellite TV connection? ☐ Yes ☐ No? What is the average monthly cost of cable/satellite TV service? \$ _____. How does the household pay for the cable/satellite TV service? _____.

If someone other than a member of the applicant/tenant household contributes to the cost of cable/satellite TV service, who contributes? _____. What is the average monthly contribution (in cash or direct payment to the cable company) for cable/satellite TV? \$ _____. **This amount is income.**

What are the average monthly costs of other types of entertainment to the household? Include the following:

Magazines \$ _____ Movies \$ _____ Video Rentals \$ _____ Club memberships \$ _____

Sporting events \$ _____ Liquor/Beer/Wine \$ _____ Lottery tickets \$ _____

Vacations \$ _____ Other entertainment \$ _____ How does the household pay for the other entertainment costs? _____.

If someone other than a member of the applicant/tenant household contributes to the cost of other entertainment, who contributes? _____. What is the average monthly contribution (in cash or entertainment provided) for other entertainment? \$ _____. **This amount is income.**

5. Clothing Expenses

What is the average monthly cost for clothing and shoes? \$ _____. How does the household pay for clothing and shoes? _____.

If someone other than a member of the applicant/tenant household contributes, who contributes? _____. What is the average monthly contribution (in cash or new clothes and shoes) for clothing? \$ _____ **This amount is income.**

What is the monthly amount spent by the household for laundry/dry cleaning clothing? \$ _____. How does the household pay for cleaning its clothing? _____.

If someone other than a member of the applicant/tenant household contributes to the cost of cleaning clothing, who contributes? _____. What is the average monthly contribution for clothes cleaning? \$ _____ **This amount is income.**

Note: Clothing acquired from Clothing banks or given to the household second hand is not counted as income.

6. Smoking Expenses

Does anyone in the applicant/tenant household smoke cigarettes or cigars, vape or chew tobacco? ☐ Yes ☐ No If yes, how many packs/cartridges/tins per day, are smoked/consumed by members in the household? _____ How does the household pay for the cost of cigarettes/cigars/vapes/chewing tobacco? _____.

If someone other than a member of the applicant/tenant household contributes to the cost of smoking, who contributes? _____. What is the average monthly contribution (in cash, cigarettes/cigars/vapes/chewing tobacco)? \$ _____ **This amount is income.**

7. Communications Expenses

Does the household have a cell phone? ☐ Yes ☐ No If yes, how many? _____. Does the household have a home phone? ☐ Yes ☐ No. What is the average monthly cost for phone service? \$ _____. How does the household pay for the cost of phone services? _____.

If someone other than a member of the applicant/tenant household contributes to the cost of phone services, who contributes? _____. What is the average monthly contribution (in cash or direct payment of phone bills) for phone services? \$ _____ **This amount is income.**

Does anyone in the household have a pager/beeper? ☐ Yes ☐ No. If yes, how many members have beepers/pagers? _____. What is the average monthly cost for the beepers/pagers? \$ _____. How does the household pay for the cost of beepers/pagers? _____.

If someone other than a member of the applicant/tenant household contributes to the cost of beeper/pager service, who contributes? _____. What is the average monthly contribution (in cash or direct payment of the beeper/pager bill)? \$ _____. **This amount is income.**

Does the household have an Internet connection? ☐ Yes ☐ No. If yes, who is the Internet provider? _____.

What is the monthly cost of the Internet connection? Is there a dedicated telephone line for the Internet? ☐ Yes ☐ No. If yes, does the telephone line show on the household's phone bill? ☐ Yes ☐ No. If no, get a copy of the household's other telephone bill. How does the household pay for the Internet connection? _____.

_____. What is the average monthly cost of the Internet connection? \$ _____. If someone other than a member of the applicant/tenant household contributes to the cost of the Internet connection, who contributes? _____. What is the average monthly contribution (in cash or direct payment to the Internet provider) for Internet services? \$ _____. **This amount is income.**

Verification: The household should bring in at least two months' worth of bills for telephone, beeper/pager and Internet services, as applicable. Review the bills carefully to determine the average monthly cost for communications services.

8. Shelter Expenses

For applicants, what is the average monthly cost for housing and utilities? \$ _____. How does the applicant pay the cost of shelter? _____. If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? _____. What is the average monthly contribution to shelter (housing plus utilities)? Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to public housing? ☐ Yes ☐ No. If no, why not? _____

For tenants, what is the average monthly cost for housing and utilities? \$ _____. How does the tenant pay the cost of shelter? _____. If someone other than a member of the tenant household makes a contribution toward the shelter cost, who contributes? _____. What is the value of the contribution toward shelter? \$ _____. **This amount is income.**

Verification: Families should bring in documentation of their actual cost for housing and utilities.

9. Medical Expenses

Does the household have any unreimbursed medical expenses? ☐ Yes ☐ No. If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____. How does the household pay for unreimbursed medical expenses? _____. If someone other than a member of the applicant/tenant household contributes toward medical expenses, who contributes? _____. **Such contributions are not income.**

10. Miscellaneous Expenses

Listed below are a series of expenses the household might have. Indicate the monthly amount the household spends on any applicable expenses and the amounts contributed toward the expenses:

Church contributions \$ _____. Unreimbursed Educational Expenses \$ _____. Unreimbursed Child care Expenses \$ _____. Unreimbursed Job Expenses \$ _____.

I understand that this affidavit is made as part of the qualification procedure to determine the eligibility of residency at the above referenced property and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I will notify management of any changes in the status of my income. Under penalty of perjury, I certify the above representations to be true as of the signature date below.

Signature of Applicant / Resident

Date

ATTACHMENT 6-B
ZERO INCOME VERIFICATION CHECKLIST

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
FOOD	Yes No			
		Food Stamps		
		WIC		
		Food Bank		
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
SHELTER COSTS				
Housing	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
Electricity	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
Gas	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
Water	Yes No			
		Cash Contributions	Yes No	
		Other	Yes No	
CLEANING/GROOMING	Yes No	In kind Donation	Yes No	
		Cash Contribution	Yes No	
		Other	Yes No	
TRANSPORTATION	Yes No			
		In kind Donation	Yes No	
		Cash Contribution	Yes No	
		Other	Yes No	
Automobile Payment	Yes No			

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
		In kind Donation	Yes No	
		Cash Contribution	Yes No	
		Other	Yes No	
Automobile Insurance	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Gas	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Automobile Maintenance	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
ENTERTAINMENT	Yes No			
Cable/Satellite		Cash Contribution	Yes No	
		Other	Yes No	
Video Rentals	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Sporting Events	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
Other Entertainment	Yes No			
		Cash Contribution	Yes No	
		Other	Yes No	
CLOTHING EXPENSES				
Clothes/Shoes	Yes No	Cash Contributions	Yes No	
		In Kind Donations		
		Other	Yes No	
Laundry	Yes No			
		Cash Contributions	Yes No	

(A) EXPENSE	(B) RECURRING EXPENSE?	(C) PAYMENT SOURCE	(D) EXEMPT {If no, Col. E}	(E) AMOUNT
		In Kind Donations	Yes No	
		Other	Yes No	
COMMUNICATIONS				
Telephone	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
Cellular Telephone	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
Pager/Beeper	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
Internet	Yes No			
		Cash Contributions	Yes No	
		In Kind Donations	Yes No	
		Other	Yes No	
MEDICAL EXPENSES				
		Cash Contributions		
		Other		
MISCELLANEOUS EXPENSES				
Non-reimbursable Education	Yes No		Yes No	
Non-reimbursable Childcare	Yes No		Yes No	
Non-reimbursable Job Expenses	Yes No		Yes No	

(A) BENEFIT SOURCE	(B) ELIGIBLE {If yes, Col. C}	(C) APPLIED {If yes, Col. D}
SOCIAL SECURITY	Yes No	Yes No
UNEMPLOYMENT	Yes No	Yes No
HEALTH AND WELFARE	Yes No	Yes No
VETERANS ADMINISTRATION	Yes No	Yes No
OTHER	Yes No	Yes No

Attach receipts, applications and other documentation to the completed checklist and retain in application or tenant file.

Signature

Date

Signature

Date

Signature

Date

Signature

Date