

ZERO INCOME STATEMENT

This Zero Income Statement is to be completed for all individuals who are reporting Zero Dollars (\$0.00) in total income per month. The form should be completed prior to admission and every 90 days until the income stabilizes, as defined in the Admissions and Continued Occupancy Policy and Section 8 Administrative Plan for the Greater Metropolitan Area Housing Authority of Rock Island County. The form lists all cash and non-cash contributions you are receiving and assists the PHA to determine actual value of each contribution. You are required to submit documentation of amounts claimed.

This form is to be executed by each adult household member reporting zero income.

Household Member Name _____ Social Security # _____

Address _____

I certify that I am receiving no income from any source, including the following:

1. Employment income from private or public employer
2. Unemployment compensation benefits
3. Social Security benefits, retirement or annuity benefits
4. Pension or Veteran's benefits
5. Worker's compensation benefits
6. Paid vacation, maternity leave payments, or severance pay
7. TANF or other type of public assistance
8. Educational scholarships or grants
9. Money, gifts or contributions from friends, relatives, churches or agencies
10. Income from self-employment
11. Income from any other source not listed above

I understand that I must report changes in income within ten days of receipt and that rent may be charged retroactively to the change date if I fail to timely report changes.

Signature of Household Member Report Zero Income

Date

PHA WITNESS

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

**Public Housing and Section 8 Housing Choice Voucher Program
INTERVIEW GUIDE AND CHECKLIST**

Family Reports Zero Income or Income Insufficient to Support Lifestyle

Instructions: In order to compute the annual value of cash and non-cash contributions, this Interview Guide and Checklist is to be completed for all families who report 'zero' income or for all families reporting less income than would be sufficient to support their lifestyle. At the initial certification, annual recertification, or interim recertification interview, the PHA interviewer should check the appropriate box for the type of action, accurately record the responses of the Head of Household, and sign the Interview Guide and Checklist. The Head of Household should answer each question and sign the certification statement. Following the interview, the interviewer will verify through appropriate 3rd parties the responses of the Head of Household. Verifications are to be retained with this Interview Guide and Checklist in the tenant's file.

Head of Household: _____ [] Initial [] Annual Recertification [] Interim Recertification

How much is the weekly grocery bill (including baby food/formula) for your household? \$ _____

Does the family receive food stamps? [] yes [] no

If yes, what is the monthly value of food stamps received? \$ _____

Does anyone contribute groceries to the family on a regular basis? [] yes [] no

If yes, who contributes groceries to the family? _____

What is the value of the groceries contributed? \$ _____

What is the weekly value of paper products (such as napkins, toilet tissue, paper towels, trash bags and disposable diapers) used by the family? \$ _____

How does the family pay for these products? _____

Does someone contribute these items to the family on a regular basis? [] yes [] no

If yes, who contributes these products to the family? _____

What is the weekly value of the paper products contributed? \$ _____

What is the weekly value of grooming products and services (such as hair care products and haircuts, soap, deodorant, toothpaste, shampoo, toothbrushes, cosmetics, and personal hygiene products) used by the family? \$ _____

How does the family pay for these products and services? _____

Does someone contribute these products to the family on a regular basis? [] yes [] no

If yes, who contributes these products to the family? _____

What is the weekly value of the products contributed? \$ _____

What is the weekly value of cleaning products/services (such as laundry/dish detergent, bleach, fabric softener and laundry/dry cleaning service) used by the family? \$ _____

How does the family pay for cleaning products and services? _____

Does someone contribute these products to the family on a regular basis? [] yes [] no

If yes, who contributes these products to the family? _____

What is the weekly value of the products and services contributed? \$ _____

Does the family own a car? [] yes [] no

If yes, are there still payments due on the car? [] yes [] no Monthly payment: \$ _____

How does the family make the car payment? _____

Does someone contribute to these car payments on a regular basis? [] yes [] no

If yes, who? _____ Amount of monthly contribution: \$ _____

Head of Household: _____

If the family owns a car that is paid for in-full, what are the average monthly amounts the family pays for: Gas \$ _____ Maintenance \$ _____ Insurance \$ _____
How does the family pay for these auto-related expenses? _____
If someone contributes to the car's operating costs, who contributes? _____
What is the average monthly cash or direct payment contribution? \$ _____

If the family does not own a car, what does the family use for transportation? _____
How does the family pay for this transportation? _____
If someone outside your immediate household contributes to transportation costs, what is the average monthly amount of cash or other contribution to transportation? \$ _____

What are the average monthly costs of other types of entertainment to the family (such as)?
Newspapers \$ _____ Magazines \$ _____ Video Rentals \$ _____
Movies \$ _____ Sporting Events/Activities \$ _____ Lottery Tickets \$ _____
Liquor/Beer/Wine \$ _____ Other entertainment expenses \$ _____
How do you pay for entertainment costs? _____ If someone outside the household contributes of entertainment, who? _____
What is the average monthly contribution (in cash or entertainment provided)? \$ _____

Does the family have a cable or satellite TV connection? [] yes [] no
If yes, what is the average monthly cost of cable or satellite TV service? \$ _____
How does the family pay for the cable TV service? _____
If someone outside the household contributes to the cost of cable/satellite TV service, who contributes? _____ How much do they contribute? \$ _____

Does the household have telephone service [] yes [] no If yes, how many lines? _____
Do you have call waiting? [] yes [] no Do you have caller ID? [] yes [] no
How much is the average monthly telephone bill (for all lines)? \$ _____
How does the family pay for the telephone service? _____
If someone outside the household pays for or contributes to the monthly telephone bill, who? _____ How much is paid/contributed monthly? \$ _____

Does anyone in the family have a cell phone? [] yes [] no
If yes, how many members have cell phones? _____
What is the average monthly cost for the cell phones? \$ _____
How does the family pay for the cost of cell phones? _____
If someone outside the household contributes to the cost of service, who contributes? _____ What is the average monthly contribution (in cash or direct payment of the bill)? \$ _____

Does the family have an Internet connection? [] yes [] no If yes, is it a DSL or dial up connection? _____ If dial up, is there a dedicated line? [] yes [] no
Who is the Internet Service Provider? _____
How does the family pay for the Internet connection? _____
What is the average monthly cost of the Internet connection? \$ _____

Head of Household: _____

If someone outside the household contributes to the cost of the Internet connection, who contributes? _____

What is the average monthly contribution (in cash to the household or direct payment to the Internet provider) for Internet services? \$ _____

What is the average monthly cost for clothing and shoes for the family? \$ _____

How does the family pay for clothing and shoes? _____

If someone outside the household provides clothing or contributes to the cost of clothing, who contributes? _____

What is the average monthly contribution (in cash or new clothes and shoes)? \$ _____

Does the family have any unreimbursed medical expenses? [] yes [] no

If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____

How does the family pay for unreimbursed medical expenses? _____

If someone outside the household pays for or contributes toward medical expenses, who? _____

How much is contributed? \$ _____

Listed below are a series of miscellaneous expenses the family might have. List the family's applicable monthly expenses and how they are met. Church contributions \$ _____

Educational Expenses \$ _____ Childcare \$ _____ Job Expenses \$ _____

How does the family pay for these expenses? _____

For applicants only:

What is the current average monthly cost for housing and utilities? \$ _____

How does the applicant pay these costs? _____

If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? _____

How much is contributed or paid on your behalf monthly? \$ _____

Will the person(s) contributing toward shelter continue to do so when the family is admitted to public housing? [] yes [] no If no, why not? _____

For tenants only:

What is your average monthly cost for housing and utilities? \$ _____

How do you pay the cost of rent and utilities? _____

If someone other than a member of the tenant household makes a contribution toward the rent and utilities (either to you or directly to the utility company), who? _____

What is the total monthly value of the contribution toward rent and utilities? \$ _____

I hereby certify that I have truthfully provided the answers as recorded to the above questions and that my household does not receive any other cash or non-cash contributions from any source outside the household.

Signature Head of Household: _____

Date: _____

Signature of PHA Interviewer: _____

Quality Control File Review Date: _____ Signature of File Reviewer: _____