



ZERO INCOME CHECKLIST AND WORKSHEET

This checklist and worksheet 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 60 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.

Name: _____

Phone Number: _____

Address: _____

Alternate Number: _____

City, State, Zip: _____

1. FOOD EXPENSES

Are you receiving food stamps? YES NO

If yes, what is your monthly amount of food stamps? _____

If no, what is your weekly grocery bill? _____

How do you pay the weekly grocery bill? _____

If someone other than a household member contributes to the groceries, who contributes? _____

What is the average amount contributed from all sources? _____

Does anyone contribute groceries or prepared food to you on regular basis? YES NO

If yes, what is the average value of the groceries or prepared food contribution? \$ _____

Note: Food contributed by food banks, surplus community programs WIC, or other non-profit programs does not count as income. Food or cash for food contributed by private persons **does** count as income.

2. CLEANING, GROOMING AND PAPER PRODUCTS EXPENSES

What is the weekly value of paper products (toilet paper, trash bags, disposable diapers, etc.) used by you? \$ _____

What is the weekly value of cleaning supplies (dishwashing soap, laundry detergent, and miscellaneous household cleaning products) used by you? \$ _____

What is the weekly value of grooming supplies (soap, shampoo, toothpaste, deodorant, sanitary napkins or tampons, etc.) used by you? \$ _____

How do you pay for the costs of these items? _____

If someone who is **not** a member of the assisted household pays for these items, who is the person or agency contributing toward the costs? _____

What is the average weekly contribution for these products? \$ _____

3. TRANSPORTATION EXPENSES

Do you own a car? YES NO

If yes, are there payments still due on the car? YES NO

If yes, what is the amount of the car payment? \$ _____

How do you make the car payment? _____

If someone other than a household member pays the car payment, who contributes? _____

What are the amounts paid for the following?

Gas \$ _____ (monthly) Insurance \$ _____ (monthly)

Maintenance \$ _____ (monthly) License Plate Renewal \$ _____ (annual)

If someone other than a household member pays the costs of operating the car, who contributes? _____

What is the average amount contributed monthly for the car's operating costs? \$ _____

If you do not own a car, what do you use for transportation? _____

How do you pay for the transportation? _____

How much? _____

4. ENTERTAINMENT EXPENSES

Do you have cable TV or a satellite dish system? YES NO

If yes, do you have basic service or do you also have premium channels? _____

What is the average monthly cost for cable or satellite service? _____

If someone other than a member of the household pays the cost for this service, who contributes?

How much does this person pay monthly? _____

What is the average weekly cost for other types of entertainment for you?

Movies @ Theater \$ _____ Dining Out \$ _____

Video Rentals \$ _____ Sporting/Other Events \$ _____

Lottery Tickets \$ _____ Liquor/Beer/Wine \$ _____

5. CLOTHING EXPENSES

What is the average cost of clothing and shoes for you? \$ _____

How do you pay for clothing and shoes? _____

If someone other than a member of the household pays the cost for these items, who contributes? _____

How much does this person pay? \$ _____

What is the weekly amount spent for laundry? \$ _____

How do you pay for cleaning your clothing? \$ _____

If someone other than a member of the household pays the cost for laundering the clothing for you, who contributes? _____

How much does this person pay weekly? \$ _____

Note: Clothing acquired for clothing banks or given to you second hand is not counted as income.

6. SMOKING EXPENSES

Do you smoke cigarettes or cigars? YES NO

If yes, how many packs per day do you smoke? _____

How do you pay for the costs of cigarettes or cigars? _____

If someone other than a member of the household pays for the cost of smoking materials for you, who is the person that contributes? _____

How much does this person pay weekly? \$ _____

7. COMMUNICATION EXPENSES

Do you have a telephone? YES NO

If yes, do you have a landline, cell phone or both? _____

How much does this monthly service cost for each phone line? \$ _____

Who pays for this service? _____

Do you have a computer with internet access? YES NO

If yes, how much is the monthly charge? \$ _____

Who pays for the internet service? _____

8. SHELTER EXPENSES

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

How do you pay this amount? _____

If someone other than a member of the household pays for living expenses for you, who is the person or Agency that contributes? _____

Do you have any appliances or furniture under a rent-to-own agreement? YES NO

If yes, what is your monthly payment amount? \$ _____

How do you pay this amount? _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in **WRITING** within ten days of the change.

Signature

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES.