



DATE RECEIVED: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ - HEAD OF HOUSEHOLD

ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

City, TX, Zip \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**Is there any member in the household working now or in the last 30 days?**  Yes  No

## Zero Income Checklist

This Checklist and Worksheet is to be completed for all families whose Total Tenant Payment equals the minimum rent, or, for PHA's without minimum rents, for all families reporting less than \$100 per month in total income. The form should be completed prior to admission and at each recertification (which may be monthly or quarterly depending on the PHA's policy on re-examination of tenants with minimum rents or zero income). The form first lists all the cash and non-cash contributions the family is receiving and then assists PHA staff to compute the annual value of such contributions. This form should be completed after the home visit to an applicant or a home inspection of a resident. The family is required to submit documentation of amounts claimed.

### 1. Food Expenses

- Verification: The family should bring in at least one month's worth of grocery receipts. Check receipts to make sure family size could manage on the amount of documented food.**

Is the family receiving Food Stamps?  Yes  No

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

If no, what is the family's weekly grocery bill? \$\_\_\_\_\_

How does the family pay the weekly grocery bill? \_\_\_\_\_

=====

If someone other than a member of the applicant/tenant family contributes to groceries, who contributes? \_\_\_\_\_

What is the average cash weekly amount for groceries contributed from all sources?

**\$\_\_\_\_\_ This amount is income.**

Does anyone contribute groceries or prepared food to the family on a regular basis?  Yes  No

If yes, what is the average weekly value of groceries or prepared food contributed?

**\$\_\_\_\_\_ This amount is income.**

**Note:** Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meal programs does not count as income. Food or cash for food contributed by private persons does count as income.

*Verification: The family should bring in at least one month's worth of grocery receipts. Check the receipts to make sure a family of that size could manage on the amount of food documented.*

Initials \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

Zero Income Checklist (con't)

**Verification: Most families buy cleaning supplies, grooming products, and paper products at the grocery store. Review the family's grocery receipts to help verify amount spent.**

**2. Cleaning, Grooming, and Paper Products Expenses**

**PAPER PRODUCTS**

What is the weekly value of paper products used by the family? \$ \_\_\_\_\_

Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, disposable diapers.

How does the family pay for these paper products? \_\_\_\_\_

=====

If someone other than a member of the applicant/tenant family contributes to paper products, who contributes? \_\_\_\_\_

What is the average weekly value of cash contributions for paper products?

**\$ \_\_\_\_\_ This amount is income.**

Does anyone contribute paper products to the family on a regular basis?  Yes  No

If yes, what is the average weekly value of paper products contributed to the family?

**\$ \_\_\_\_\_ This amount is income.**

**GROOMING PRODUCTS AND SERVICES**

What is the weekly value of grooming products and services used by the family? \$ \_\_\_\_\_

Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, etc.

How does the family pay for the cost of grooming products and services? \_\_\_\_\_

=====

If someone other than a member of the applicant family contributes to grooming products, who contributes? \_\_\_\_\_

What is the average weekly value of contributions (cash or products) for grooming products?

**\$ \_\_\_\_\_ This amount is income.**

**CLEANING PRODUCTS**

What is the weekly value of cleaning products used by the family? \$ \_\_\_\_\_

Include dishwashing soap, laundry detergent, and household cleaning products.

How does the family pay for cleaning products? \_\_\_\_\_

=====

If someone other than a member of the applicant/tenant family contributes to cleaning products, who contributes? \_\_\_\_\_

What is the average weekly value of cash contributions for cleaning products?

**\$ \_\_\_\_\_ This amount is income.**

Does anyone contribute cleaning products to the family on a regular basis?  Yes  No

If yes, what is the average weekly value of cleaning products contributed to the family?

**\$ \_\_\_\_\_ This amount is income.**

Initials \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

Zero Income Checklist (con't)

**Verification: The family should bring in one month's gas receipts, proof of insurance, and proof of car payment (if applicable).**

**3. Transportation Expenses**

Does the family 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 family 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 family or cash paid directly to the holder of the car note.**

If the family owns a car outright (no payments are due), what are the **average monthly amounts** the family pays for the following:

- Gas \$ \_\_\_\_\_
- Maintenance \$ \_\_\_\_\_
- Insurance \$ \_\_\_\_\_
- Tires \$ \_\_\_\_\_

SUBMIT RECEIPTS FOR EACH ONE CHECKED.  
CHECK EACH ONE THAT APPLIES.

How does the family pay for these auto-related expenses? \_\_\_\_\_

=====

If someone other than a member of the applicant/tenant family contributes to the car's operating costs, who contributes? \_\_\_\_\_

What is average monthly amount of cash or direct payment contribution to the car's operating costs?

\$ \_\_\_\_\_ **This amount is income.**

**Verification: A family 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.**

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 other than a member of the applicant/tenant family contributes to other transportation costs, who contributes? \_\_\_\_\_

What is the average monthly amount of cash or other contribution to transportation?

\$ \_\_\_\_\_ **This amount is income.**

Initials \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

Zero Income Checklist (con't)

**Verification: The family should bring in two monthly bills for cable TV, plus receipts for other entertainment costs.**

**4. Entertainment Expenses**

Does the family have a cable TV connection?  Yes  No

If yes, does the family have the basic minimum service?  Yes  No

Does the family also have any premium channels?  Yes  No.

What is the average monthly cost of cable TV service? \$\_\_\_\_\_

How does the family pay for the cable TV service?\_\_\_\_\_

=====

If someone other than a member of the applicant/tenant family contributes to the cost of cable TV service, who contributes? \_\_\_\_\_

What is average monthly contribution (in cash/direct payment to the cable company) for cable TV?

**\$\_\_\_\_\_ This amount is income.**

What are the average weekly costs of other types of entertainment to the family? \$\_\_\_\_\_

Include the following:

- Magazines* \$\_\_\_\_\_
- Club memberships* \$\_\_\_\_\_
- Movies* \$\_\_\_\_\_
- Sporting events* \$\_\_\_\_\_
- Video Rentals* \$\_\_\_\_\_
- Liquor/Beer/Wine* \$\_\_\_\_\_
- Vacations* \$\_\_\_\_\_
- Lottery tickets* \$\_\_\_\_\_
- Other entertainment* \$\_\_\_\_\_

How does the family pay for the other entertainment costs? \_\_\_\_\_

=====

If someone other than a member of the applicant/tenant family contributes to the cost of other entertainment, who contributes? \_\_\_\_\_

What is average monthly contribution (in cash or entertainment provided) for other entertainment?

**\$\_\_\_\_\_ This amount is income.**

**5. Clothing Expenses**

What are the ages and sexes of all family members? \_\_\_\_\_

\_\_\_\_\_

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

How does the family pay for clothing and shoes?\_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to the cost of clothing, who contributes? \_\_\_\_\_

What is the average monthly contribution (in cash or new clothes and shoes) for clothing?

**\$\_\_\_\_\_ This amount is income.**

*Initials* \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

**Verification: The family should provide a schedule that shows when clothing and shoes are purchased and the amounts spent. Remember that children will need more clothing and shoes than adults because they are growing.**

**Clothing Expenses (con't)**

What is the weekly amount spent by the family for laundry/dry cleaning? \$ \_\_\_\_\_

How does the family 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? \_\_\_\_\_

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

What is the average monthly contribution for clothes cleaning?

\$ \_\_\_\_\_ **This amount is income.**

**6. Smoking Expenses**

**Verification: The family should document the brand of cigarettes/cigars smoked and the staff will document the least expensive price for that brand in the locality to impute cost.**

Does anyone in the applicant/tenant household smoke cigarettes or cigars?  Yes  No

If yes, how many packs per day are smoked by the smokers in the household? \_\_\_\_\_

How does the family pay for the cost of cigarettes/cigars? \_\_\_\_\_

=====

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 or cigars)? \_\_\_\_\_

\$ \_\_\_\_\_ **This amount is income.**

**7. Communications Expenses**

**Verification: The family should bring in at least two month's 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.**

Does the family have a telephone?  Yes  No

If yes, how many lines does the family have into its house/apartment? \_\_\_\_\_

Does family have any special telephone services? (i.e., call waiting, call forwarding, caller ID)  Yes  No

Does anyone in the family have a cell phone?  Yes  No

What is the average monthly cost for telephone service? \$ \_\_\_\_\_

How does the family pay for the cost of telephone service? \_\_\_\_\_

=====

If someone other than a member of the applicant/tenant household contributes to the cost of telephone service, who contributes? \_\_\_\_\_

What is average monthly contribution (ash or direct payment of telephone bill) for telephone service?

\$ \_\_\_\_\_ **This amount is income.**

Initials \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

**Communications Expenses (con't)**

Does anyone in the family 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 family 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 family 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 family's telephone bill?  Yes  No

***If no, get a copy of the family's other telephone bill.***

How does the family 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 family contributes to the cost of the Internet connection, who contributes?\_\_\_\_\_

What is average monthly contribution (cash/direct payment to internet provider) for internet services?

\$\_\_\_\_\_ **This amount is income.**

*Verification: The family should bring in at least two month's 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**

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

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?\_\_\_\_\_

Initials \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

**Shelter Expenses (con't)**

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

=====  
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.**

**9. Medical Expenses**

Does the family have any un-reimbursed medical expenses?  Yes  No

If yes, what is the average monthly cost of un-reimbursed medical expenses? \$\_\_\_\_\_

How does the family pay for un-reimbursed 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. Pet Expenses**

If the family has a pet, list the monthly expenses for:

- \$\_\_\_\_\_ Pet food       \$\_\_\_\_\_ Veterinary care       \$\_\_\_\_\_ Pet supplies

What is the source of money for these expenses? \_\_\_\_\_

Does the person/s that contribute to pet expenses live in the household?  Yes  No

If someone outside the family contributes the amount, what is the amount contributed?

\$\_\_\_\_\_ **This amount is income.**

**11. Miscellaneous Expenses**

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

Church contributions \$\_\_\_\_\_ Un-reimbursed educational expenses \$\_\_\_\_\_

Un-reimbursed childcare expenses \$\_\_\_\_\_ Un-reimbursed job expenses \$\_\_\_\_\_

Review the information provided above against the observations of staff conducting the home visit/home inspection. Does the information appear to be consistent? If not, insist that the applicant explain any variations. For example, if the applicant does not admit to having telephone or cable TV service but they have been observed in the home, press the point.

I do certify that I have answered all the questions truthfully and to be best of my knowledge.

\_\_\_\_\_  
Tenant's Name - Head of Household

\_\_\_\_\_  
Date

**Complete back of this page - Month to Month and the tenant signature.**

YOUR NAME: \_\_\_\_\_

Zero Income Checklist (con't)

From \_\_\_\_\_ to \_\_\_\_\_ 2014  
Month Month

## SECTION 8 RENTAL ASSISTANCE PROGRAM ZERO INCOME STATEMENT

**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 of Agency of the United States as to any matter within its jurisdiction.

I certify that my family or I presently have no source of income. I understand that I am to report to the Longview Housing Authority every thirty (30) days. I also understand that if I fail to report for any reason I will automatically be removed from the Section 8 Rental Assistance Program.

\_\_\_\_\_  
Tenant's Name

\_\_\_\_\_  
Signature/Date