

ZERO INCOME QUESTIONNAIRE

NAME: _____

DATE: _____

UNIT #: _____

PLEASE DESCRIBE BRIEFLY HOW YOUR HOUSEHOLD IS MEETING YOUR BASIC DAILY NEEDS BY FILLING IN ALL BLANKS ON THIS FORM. DO NOT LEAVE ANY BLANKS. IF IT DOES NOT APPLY, WRITE N/A IN THE SPACE.

- 1. What is your household's current income per month?
2. What is the source of the household's income?
3. What is the amount you and/or your household receives each month to assist with daily personal needs expenses (cash or bills paid) by family, friends, or any other outside source?
4. Who/What is the source(s) of assistance?
5. What is the amount you and/or your household receive on a regular or occasional basis from the following:
a. Child Support
b. Family / Friends
c. Unemployment
d. Workman's Comp
e. SS and/or SSI
f. AFDC / Welfare
g. Gifts
h. Retirement/Pension
i. Alimony
j. Severance Pay
k. Insurance Settlement
l. Other Source

LIST HOW YOU PAY OR WILL PAY FOR THE FOLLOWING:

6. RENT
Monthly rent amount \$ Source of funds used to pay rent:

7. UTILITIES / CABLE / INTERNET
Estimated amount paid monthly for utilities: \$
Estimated amount paid monthly for Cable or Satellite TV: \$
Estimated amount paid monthly for Internet access: \$
Source of funds used to pay these items:

8. PHONE
Does your household have a phone? Does anyone in your household have a cell phone?
What is/are your phone number(s)?
Average monthly phone bill(s)? Source of funds to pay phone bills:

9. FOOD
Do you or anyone in your household receive Food Stamps? Monthly amount received: \$
Source of funds to buy grocery items (for households without food stamps)

10. VEHICLE
Do you or anyone in your household have a vehicle?
Do you make a loan payment? Monthly payment amount: \$
Amount spent on gas/oil/upkeep per month: \$ Monthly auto insurance amount: \$
What is your source of funds for gas/oil/upkeep?
What is your source of funds for auto insurance?

11. *CIGARETTES & ALCOHOL*

Do you or anyone in your household smoke? _____ Monthly amount spent? \$ _____
Do you or anyone in your household drink alcohol? _____ Monthly amount spent? \$ _____
Source of funds for cigarettes and/or alcohol: _____

12. *PERSONAL HYGIENE*

How much does your household spend on soaps, shampoo, hair care products, laundry products, makeup, deodorant, non-prescription drugs, personal hygiene products, etc. per month? \$ _____
Source of funds for these items: _____

13. *LAUNDRY*

Do you use on-site laundry or Laundromat facilities? _____ Monthly amount spent? \$ _____
Source of funds for laundry: _____

14. *CHILDREN*

Do you have children that live with you? _____ If so, how many? _____
Do you receive child support? _____ If so, monthly amount received: \$ _____
Do you pay child support? _____ If so, monthly amount paid: \$ _____
Do you pay for daycare or preschool? _____ If so, monthly amount paid: \$ _____
Source of funds to pay for the above items: _____
Do you purchase diapers? _____ If so, monthly amount: \$ _____
Do you pay school related expenses (i.e. lunches, supplies or other fees)? _____
Source of funds for the above items: _____

15. *CLOTHING, SHOES, ETC.*

What is the approximate amount you or any other household members spend on clothing, shoes, etc. per month?
\$ _____ Source of funds for these items? _____

16. *ENTERTAINMENT*

Do you or anyone in the household have a health club membership, go to the movies or rent them, eat out, and/or participate in other sports/recreational/entertainment activities, etc? _____
Average cost per month: \$ _____ Source of funds for entertainment: _____

17. *PETS*

Do you have pets? _____ If so, monthly amount spent on food & care: \$ _____
Source of funds for pet food and care: _____

18. *OTHER EXPENSES NOT LISTED ABOVE (credit card bills, medical expenses, loans, etc.)*

Please list any other expenses not listed in the above questions: _____
Source of funds for these expenses: _____

I/WE CERTIFY THE ABOVE INFORMATION TO BE CORRECT AND ANY MISREPRESENTATION OF HOUSEHOLD INCOME MAY RESULT IN TERMINATION OF MY/OUR ASSISTANCE AND/OR LEASE AS PERMITTED BY FEDERAL REGULATIONS AND/OR STATE AND LOCAL LAW. I UNDERSTAND THAT I MUST COMPLETE THIS QUESTIONNAIRE ON A MONTHLY BASIS FOR AS LONG AS NO ADULT MEMBER OF THE HOUSEHOLD IS WORKING OR RECEIVING REGULAR INCOME AND/OR BENEFITS (SUCH AS CHILD SUPPORT, SOCIAL SECURITY, ETC) AND/OR HAS AN ADJUSTED INCOME OF LESS THAN \$75.00 PER MONTH.

I/WE UNDERSTAND THAT, IF I/WE FURNISH FALSE OR INCOMPLETE INFORMATION, I/WE CAN BE FINED UP TO \$10,000 OR IMPRISONED UP TO FIVE YEARS, OR LOSE THE SUBSIDY HUD PAYS AND HAVE MY/OUR RENT INCREASED.

Tenant Signature

Date

Tenant Signature

Date