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 _____

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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? _____

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11. *CIGAETTES & 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

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