

Zero Income Self-Affidavit

Program requirements state we must verify each income and asset source, as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

I, _____, certify that I have no income from the following sources:

<u>Yes</u>	<u>No</u>	
_____	_____	Wages from employment (including commissions, tips, bonuses, fees, etc.)
_____	_____	Income from operation of a business
_____	_____	Rental income from real or personal property
_____	_____	Interest or dividends from assets
_____	_____	Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
_____	_____	Unemployment or disability payments (including Worker’s Compensation)
_____	_____	Public Assistance payments
_____	_____	Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
_____	_____	Sales from self-employment resources (Avon, Mary Kay, etc.)
_____	_____	Any other sources not named above

_____ I currently have no income of any kind and there is no expected change expected in my financial status or employment during the next 12 months (for example, a job offer, pending SSI, etc.).

_____ I am currently looking for employment but have not secured a job at this time.

How are the following expenses paid:

<u>Expense Type:</u>	<u>Paid By</u>	<u>Expense Type:</u>	<u>Paid By</u>
Food:	_____	Telephone/Cell:	_____
Shelter/Rent:	_____	Car Payment:	_____
Medical:	_____	Car Insurance:	_____
Cable:	_____	Car Maintenance/Gas:	_____
Utilities:	_____		
Other:	_____		

(examples of other include bath soap, diapers, laundry soap, toilet paper, cigarettes, etc.)

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is considered fraud and is punishable by law.

Signature of Applicant/Resident:	_____	Date:	_____
Signature of Notary Public:	_____	Date:	_____
Commission Expiration Date:	_____		

**MOUNDSVILLE HOUSING PUBLIC HOUSING 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 Head of Household should answer each question and sign the certification statement. Failure to answer or falsification of any of this information should be considered a serious breach of your lease agreement and will be subject to lease termination.

Head of Household: _____ Initial Annual Recertification Interim Recertification

BENEFITS & MEDICAL

Do you receive SNAP benefits?

Yes No

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?

_____ \$

Does the family have any unreimbursed medical expenses?

Yes No

If yes, what is the average monthly cost of these expenses?

How does the family pay for unreimbursed medical expenses?

_____ \$

Does anyone contribute for this expense?

Yes No

If yes, who contributes monetary assistance to the family?

What is the value of the money contributed?

_____ \$

BASIC HOUSEHOLD NECESSITIES

What is the monthly value of paper, grooming, and cleaning products used by the family? (such as napkins, toilet tissue, paper towels, trash bags and disposable diapers, hair care products, haircuts, soap, deodorant, toothpaste, shampoo, toothbrushes, cosmetics, personal hygiene products, laundry/dish detergent, bleach, fabric softener and laundry/dry cleaning service)

_____ \$

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 monthly value of the paper products contributed?

_____ \$

What is the monthly value of any electric utility expense paid for by the family?

_____ \$

How does the family pay for this expense?

Does anyone contribute for this expense?

Yes No

If yes, who contributes monetary assistance to the family?

What is the value of the money contributed?

_____ \$

Is anyone assisting you with paying your rent?

Yes No

If yes, who contributes monetary assistance to the family?

What is the value of the money contributed?

_____ \$

VEHICLE EXPENSES

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?

If someone contribute to car payments on a regular basis, who contributes?

Amount of monthly contribution

_____ \$

What are the average monthly amounts the family pays for:

Gas \$ Insurance \$
License/Registration \$ Maintenance \$

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? \$ _____

MISCELLANEOUS HOUSEHOLD EXPENSES

Does the family have a cable or satellite TV connection?

Yes No

Is home phone and internet bundled with your cable package? 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? _____

Does anyone contribute for this expense? Yes No

If yes, who contributes monetary assistance to the family? _____

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

Does the family pay just for internet service (no cable/phone)?

Yes No

How does the family pay for internet service? _____

Does anyone contribute for this expense? Yes No

If yes, who contributes monetary assistance to the family? _____

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

Does the household have in-home telephone service?

Yes No

How does the family pay for this expense? _____

Does anyone contribute for this expense? Yes No

If yes, who contributes monetary assistance to the family? _____

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

Does the household have cell phone service?

Yes No

How many cellular services does the household maintain? 1 2 3 4+

How does the family pay for this expense? _____

Does anyone contribute for this expense? Yes No

If yes, who contributes monetary assistance to the family? _____

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

CHARITABLE CONTRIBUTIONS

Does the family receive any charitable contributions/assistance from any other source? Yes No

If yes, who contributes monetary assistance to the family? _____

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

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 Representative: _____