

## SELF-CERTIFICATION OF ZERO INCOME: HOUSEHOLDS

This form must be signed by every adult household member of households claiming zero income.

Applicant/Participant Name

Social Security Number

Applicant/Participant Address

City, State

Zip Code

This is to certify that no one in my household is presently employed and does not receive any income from any sources, such as unemployment, public assistance (TANF), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran's benefits, government grants, savings accounts, trust funds, gifts, etc.

I further certify that I have been advised by the PHA that the Department of Housing and Urban Development may elect to investigate the validity of my application for increased subsidy payments.

I further certify that I have been advised by PHA that I must report any monetary or non-monetary increase in my household's income within 10 business days from the date of the change so that the necessary rental adjustments can be made.

I further certify that the information given to the PHA regarding my household's income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the PHA.

This form must be signed by each adult household member in the presence of a PHA staff person or Notary Public (if there are more than four adults, please have additional members sign and date the bottom of the page).

Signature of Applicant or Participant

Date

Signature of Other Adult Household Member

Date

Signature of Other Adult Household Member

Date

Signature of Other Adult Household Member

Date

PHA Staff Signature

Date

Signature of Notary Public

Date

Name of Notary Public

Date Commission Expires

**WARNING!** Title 18, Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/or imprisoned.

## FINANCIAL HARDSHIP & ZERO-INCOME WORKSHEET

Applicant/Participant Name: \_\_\_\_\_ ID: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Review Completed by: \_\_\_\_\_

### Applicant/Participant Income Information

1. Does anyone (other than applicant/participant family) make contributions to your household in the form of cash?

2. Yes ☐ No ☐

3. If yes, complete the table below.

Item Contributed	Who Made the Contribution

3. Have you applied, been approved and/or do you receive benefits from any of the following programs?

Programs/Benefits	Applied Yes or No	Approved Yes or No	Currently Receive Benefits Yes or No	Amount of Benefits Per Month
Public Assistance				\$
Social Security				\$
SSI				\$
Unemployment				\$
Welfare				\$
Child Support				\$
Alimony				\$
Pension/Annuity				\$
Food Stamps				\$
Other				\$

4. If you have applied for benefits, what is the status of the application?

### Vehicle Information

5. Do you have the use of or own a car(s)? ☐ Yes ☐ No If yes, complete the information below.

Vehicle Number 1: Make: \_\_\_\_\_ Model No: \_\_\_\_\_ Year: \_\_\_\_\_  
Own ☐ Lease ☐ Rent ☐

Vehicle Number 2: Make: \_\_\_\_\_ Model No: \_\_\_\_\_ Year: \_\_\_\_\_  
Own ☐ Lease ☐ Rent ☐

### Monthly Expenses

6. How much do you spend a week on the following?

Item	Monthly Expense	Method of Payment
Food		
Paper products		
Personal grooming products		
Cleaning products		
Car payments		
Car use and maintenance costs		
Transportation costs (if no car is owned)		
Cable TV		
Internet		
Entertainment (movies, lottery, sporting events, video rental, vacations, etc.)		
Clothing		
Cigarettes/Cigars		
Telephone (home)		
Cell phone		
Utilities		
Mortgage or rent		
Unreimbursed medical expenses		
Unreimbursed child care expenses		
Unreimbursed job expenses		
Other		
<b>TOTAL</b>		

#### Verification of Expenses:

- **Food:** The family should bring in at least one month's worth of grocery receipts to verify the expenditure.
- **Cleaning supplies, grooming products & paper products:** The family should bring in at least one month's worth of receipts to verify the expenditure on cleaning supplies, grooming products, and paper products.
- **Auto expenses:** (for families with cars): The family should bring in one month's gas receipts, proof of insurance, and proof of car payment (if applicable).
- **Transportation:** A family without a car should provide a statement of the way they pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.
- **Entertainment:** The family should bring in two monthly bills for cable TV, plus receipts for other entertainment costs.
- **Clothing:** The family should provide information that shows when clothing and shoes are purchased and the amounts spent (receipts should be provided where possible). Remember that children will need more clothing and shoes than adults because they are growing. Clothing acquired from clothing banks or given to the family secondhand is not counted as income.
- **Smoking:** The family should document the brand of cigarettes/cigars smoked and the staff will impute cost.
- **Communications:** 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.
- **Shelter:** The family should bring in documentation of their actual cost for housing and utilities.
- **Medical:** The family should bring copies of receipts for unreimbursed medical expenses.
- **Misc.:** The family should bring in copies of bills, paid receipts, etc. to verify miscellaneous expenses.

#### APPLICANT/PARTICIPANT CERTIFICATION

I certify that the above estimates provided by me are true to the best of my knowledge. I understand that willful misrepresentations of the facts are grounds for disqualification for assistance.

\_\_\_\_\_  
Applicant /Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PHA representative

\_\_\_\_\_  
Date

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