



**Zero Income Worksheet: Verification of Non- Cash Contributions**

This 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 \$50 per month in total income. The form should be completed prior to admission and at each recertification. The form first list all the cash and non- cash contributions the family is receiving, and it then assists the PHA staff to compute the annual value of such contributions. Form must be notarized.

**1.Food Expenses: Food contributed by food banks, received from the surplus commodity program the WIC program, or consumed at publicly or nonprofit funded meals programs does not count as income. Food or cash for food contributed by private persons does count as income.**

Is the family receiving Food Stamps? \_\_\_\_\_

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

If no, what is the family's 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? \_\_\_\_\_

If yes, what is the average weekly value of groceries or prepared food contributed? \$ \_\_\_\_\_ This amount is income.

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

What is the weekly value of paper products used by the family? Include paper napkins, toilet paper, paper towels, trash bags ,other paper goods, and disposable diapers. \$ \_\_\_\_\_

How does your 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 of paper products? \$ \_\_\_\_\_

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

If Yes, what is the average weekly value of paper products contributed to the family? \$ \_\_\_\_\_ This is income.

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 the grooming products, who contributes? \_\_\_\_\_

What is the average weekly value of contributions( cash or products) for grooming products? \$ \_\_\_\_\_ This is income.

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 the cleaning products? \_\_\_\_\_

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

What is average weekly value of cash contributions for cleaning products? \$ \_\_\_\_\_ This is income.

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

If Yes, what is the average weekly value of cleaning products contributed to the family? \$ \_\_\_\_\_ This is income.

**3.Transportation Expenses:**

Does the family own a car? Yes or No

If Yes, are there still payments due on the car? Yes or No

If Yes, what is the amount of the monthly car payment? \$ \_\_\_\_\_

How does the family make that car payment? \_\_\_\_\_

Id 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 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? \$ \_\_\_\_\_

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

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

What is the average monthly amount of cash or direct payment contribution to the cars operating cost? \$ \_\_\_\_\_ This is income.

Note : Uninsured or unregistered automobiles cannot be parked on the PHA property.

If the family does not own a car, what does the family use for transportation? \_\_\_\_\_

How does the family pay for transportation? \_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to other transportation cost, what is the average monthly amount of cash or other contribution to transportation? \$ \_\_\_\_\_ This is income.

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**4. Entertainment Expenses:**

Does the family have a cable TV or streaming service connection? Yes or No

If Yes, does the family have the basic minimum services or do they have any premium channels? Yes or No

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

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

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

What is average monthly contribution in cash or direct payment to the cost of cable/ streaming services? \$ \_\_\_\_\_

This amount is income.

What is the average weekly cost of other types of entertainment to the family?

Internet \$ \_\_\_\_\_ Movies \$ \_\_\_\_\_ Club Memberships \$ \_\_\_\_\_ Sporting or Music Events \$ \_\_\_\_\_

Vacations \$ \_\_\_\_\_ Liquor/Beer/Wine \$ \_\_\_\_\_ Lottery Tickets \$ \_\_\_\_\_ Other Entertainment \$ \_\_\_\_\_

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

What is the average monthly contribution in cash for entertainment provided for other entertainment? \$ \_\_\_\_\_ This is income.

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**5. Clothing Expenses:**

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 is income.

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

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? \_\_\_\_\_

What is the average monthly contribution for clothes cleaning? \$ \_\_\_\_\_ This is income.

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**6. Smoking Expenses:**

Does anyone in the applicant/tenant household smoke cigarettes or cigars? Yes or 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 cigarretts/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.

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**7. Communications Expenses:**

Does the family have a telephone? Yes or No

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

Does the family have any special telephone services? Yes or No

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

What is the average monthly cost for cell phone services? \$ \_\_\_\_\_

How does the family pay for the cost of cellphone services? \_\_\_\_\_

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

What is the average monthly contribution ( in cash or direct payment of the cell phone bill) for telephone services? \$ \_\_\_\_\_ This amount is income.

Does the family have internet connection? Yes or No

If yes, who is the internet provider? \_\_\_\_\_

What is the monthly cost of the internet connection? Yes or No

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? \_\_\_\_\_

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**8. Medical Expenses:**

Does the family have any unreimbursed medical expenses? Yes or No

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

How does the family pay for unreimbursed medical expenses? \_\_\_\_\_

If someone other than a member of the applicant/tenant household contributes towards medical expenses, who contributes? \_\_\_\_\_

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**9. Miscellaneous Expenses:**

**PETS:** Are there any pets in the household: \_\_\_\_\_ If so, monthly amount spent for pet food, veterinarian care, toys etc.: \_\_\_\_\_ Source of funds for these expenses: \_\_\_\_\_

Listed below any other expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses and the amounts contributed towards the expense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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/quarterly 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 \$200 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: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).