## **ZERO INCOME QUESTIONNAIRE**

To claim zero income in the HUD Section 8 housing program, you must have no income from any source except student financial aid, resident service stipends, adoption assistance payments, earned income for full time students EXCEPT THE HEAD OF HOUSHOLD OR SPOUSE, adult foster care payments, compensation from State or Local job training programs, and training of resident management staff, property tax rebates, homecare payments for developmentally disabled children or adult family members, and deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum.

Please complete the questions below, sign and date and income for housing benefits. Failure to do so will result in lo	,
I,, as head of household, or any adult mem unit, receive income from the following sources:	nber (over the age of 18) living in the above
PLEASE ANSWER YES OR NO, WHETHER YOUR RECEIVE THE	FOLLOWING INCOME:
Wages, including part time, commissions, and overtime:	Yes No
If yes, please tell us the amount, hours and employer	
TANF or any other income from OWF: Yes No.	
If yes, please provide amount	
Social Security Income, including payments received for chil	dren:
SSI Benefits: Yes No	
If yes, please provide amount received and for who	
Pensions:	
Interest or Dividend Income: Yes No	_
If yes, amount received	
VA Benefits: Yes No	
If yes, amount received	
Baby-sitting Income: Yes No	
If yes, amount received	
Recurring periodic gifts: Yes No	
If yes, amount received and how often	
Fees: <b>Yes No</b>	
If yes, amount received and how often	_

Tips: Yes No					
If yes, amount received and how often					
Bonuses: <b>Yes No</b>					
If yes, amount and how often					
Salary from Family owned business: Yes No					
If yes, salary amount and how often					
Net Income from business: Yes No					
If yes, what is the net income (income less reasonable expenses)					
Annuities: Yes No					
If yes, amount received and at what intervals					
Insurance Polices: Yes No					
If yes, amount and frequency of payment					
Retirement Funds: Yes No					
If yes, amount and how often					
Disability or Death Benefits: Yes No					
If yes, amount and how often					
Workers' Compensation: Yes No					
If yes, PermanentTemporary					
Amount					
Severance Payments: Yes No					
If yes, amount and duration					
Child Support: Yes No					
If yes, amount, frequency and for which children					

Winnings paid in periodic pay	ments: Ye	es	No	-		
If yes, amount and when paid	d out					
Rent Income of any type:	Yes	No_				
If yes, amount, and address of	of rental unit	<u> </u>				
How will you pay your portion	of the rent,	if any?				_
How will you pay for utilities t	that are the t	tenant's res	ponsibility?_			
How will you pay for food and	d clothing?					
How will you pay for medical	expenses?					
How will you pay for transpor	tation expen	ises?				
Do you have a cell phone? _	Yes	_No				
If so, how do you pay the mor	nthly paymer	nt?				_
I understand that if I claim zer months and return it to Parm result in my losing my housing <u>DAYS</u> if the above information	a Public Hous g assistance.	sing no late	r than 10 da	ys after rec	eiving. Failur	e to do so will
I certify that the above inform assistance.	nation is corr	ect. Any fa	lse statemer	nts will resu	lt in my losin	g my housing
Signature	D	ate				

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.