

ZERO INCOME QUESTIONNAIRE

Applicant/Participant Name: _____ Date: _____

Please describe briefly how your household is meeting your basic daily/monthly 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.** Please answer questions honestly. ** Note: Cash assistance/Contributions may or may not affect your monthly rent amount.

The goal of this form is to obtain information about all cash and non-cash contributions (or unreported/underreported income) that the family may be receiving. With this information, PPHA staff can compute the annual value of such contributions to add to the family income.

LIST HOW YOUR HOUSEHOLD PAY OR WILL PAY FOR THE FOLLOWING:

1. **RENT:** Do you pay rent: _____ If so, monthly amount: _____

Provide source or who contributes (name, address, phone) funds to pay rent:

2. **FOOD:**

Do you or anyone in your household receive Food Stamps (SNAP): _____ If so, monthly amount: ____

Provide source or who contributes (name, address, phone) funds to buy grocery items (if no Food Stamps):

3. **UTILITIES/CABLE/INTERNET:**

Do you have cable/satellite TV: ____ If so, monthly amount: _____

Do you have internet service: _____ If so, monthly amount: _____

Do you have video streaming service (Netflix, Hulu, etc.?) ____ If so, monthly amount: _____

Do you have electric, gas, water, sewer or other utility expenses (propane, fuel oil, etc.): ____ If so, monthly amount: _____

Provide source or who contributes (name, address, phone) funds to pay for utilities/cable/internet:

4. **PERSONAL HYGIENE:**

How much does your household spend on personal hygiene products (soaps, deodorant, hair products, make-up, over-the-counter medication, etc.) per month: _____

Provide source or who contributes (name, address, phone) funds for these items:

5. PHONE:

Do you or anyone in your household have a home and/or cell phone: _____ If so, monthly amount: _____

Provide source or who contributes (name, address, phone) funds to pay phone bill(s):

6. VEHICLE:

Does anyone in the household have a vehicle: _____ If so, is there a car loan payment: ____

Monthly car loan payment amount: _____

Average spent on gas/maintenance/repairs per month: _____

Do you pay auto insurance: _____ Monthly payment amount: _____

Do you pay for registration and emissions testing? _____

Provide source or who contributes (name, address, phone) funds for any of these items listed above:

7. LAUNDRY/CLEANING SUPPLIES:

Do you use a laundromat or on-site laundry facilities: ____ If so, monthly amount spent: _____

Please list the average amount you or anyone in your household spends on household goods & cleaning supplies per month (toilet paper, paper towels, trash bags, laundry soap, etc.): _____

Provide source or who contributes (name, address, phone) funds for laundry/cleaning supplies:

8. CLOTHING, SHOES, ETC:

Please list the approximate amount you or anyone in your household spends on clothing, shoes, accessories, etc. per month: _____

Provide source or who contributes (name, address, phone) funds to pay for these items:

9. ENTERTAINMENT:

Do you or anyone in your household go to movies, eat out, and/or participate in sports/recreation/entertainment activities, etc.: _____

Provide source or who contributes (name, address, phone) funds for these expenses:

10. PETS:

Are there any pets in the household: _____ If so, monthly amount spent for pet food, veterinarian care, toys etc.: _____

Provide source or who contributes (name, address, phone) funds for these expenses:

11. OTHER EXPENSES NOT LISTED ABOVE: (credit cards, medical expenses, loans, etc.)

Are there any other expenses for this household: _____

Please list any other expenses: _____

Provide source or who contributes (name, address, phone) funds for these expenses:

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 or representative of the United States Government. HUD, the PHA and any owner (or employee of HUD, the PHA 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 willfully 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, the PHA or the owner responsible for the unauthorized disclosure or improper use.

I, _____, (print name) certify that I have answered all of the questions fully and truthfully to the best of my knowledge. I understand that PPHA will attempt to verify some or all of my statements. I understand that PPHA will count as annual income the amount(s) that I stated during this interview. I understand my reporting requirements and the "Penalties for Misusing this Consent" statement above.

Applicant/Participant Signature: _____ Date: _____

Head of Household Signature: _____ Date: _____