

Zero Income Worksheet

This Checklist and Worksheet is to be completed for all individuals and families reporting less than \$100 per month in total income. The form must be completed prior to admission and at each recertification (which may be monthly, quarterly, or annually). The family is required complete this form and to submit documentation of amounts claimed. Staff will verify all items.

Part 1 – Food Expenses

- ^{1.1} Do you or does anyone in your household receive Food Stamps?
 Yes No
- ^{1.1.1} If “Yes” to above, what is the monthly value of the food stamps? \$ _____
- ^{1.1.2} If “No” to above, how do you pay the weekly grocery bill? _____
- ^{1.1.3} If “No” to above, how much is the weekly grocery bill? \$ _____
- ^{1.2} If someone other than you or members of your household contribute to groceries, who contributes? _____
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- ^{1.2.1} What is your average cash weekly amount for groceries contributed from all sources? (***This amount is income.***) \$ _____
- ^{1.3} Does anyone contribute groceries or prepared food to you or your household on a regular basis? Yes No
- ^{1.3.1} If yes, what is the average weekly value of groceries or prepared food contributed? (***This amount is income.***) . . \$ _____

***Note:** Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meal programs does not count as income. Food or cash for food contributed by private persons does count as income.*

Verification: You must provide us with at least one month’s worth of grocery receipts. Our staff will check the receipts to make sure you and/or your family size can manage on the amount of food documented.

Part 2 – Paper Products, Cleaning & Grooming Expenses

2.1 Paper Products

2.1.1 What is the weekly value of paper products used by you or your household? (Include paper napkins, toilet paper, paper towels, trash bags, disposable diapers and other paper goods.) \$ _____

2.1.1.1 How do you and/or members of your household pay for these paper products? _____

2.1.1.2 If someone other than you or a member of your household contributes to paper products, who contributes? _____

2.1.1.3 What is the average weekly value of cash contributions for paper products? (*This amount is income.*) \$ _____

2.1.1.4 Does anyone contribute paper products to you or members your family on a regular basis? Yes No

2.1.1.5 If yes, what is the average weekly value of paper products contributed to you or members of your household? (*This amount is income.*) \$ _____

2.2 Grooming Products

2.2.1 What is the weekly value of grooming products and services used by you or your household? (Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, etc.) \$ _____

2.2.1.1 How do you, or how does or a member of your household, pay for the cost of grooming products and services? _____

2.2.1.2 If someone other than you or a member of your household contributes to grooming products, who contributes? _____

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

2.3 Cleaning Products

2.3.1 What is the weekly value of cleaning products used by you or your household? (Include dishwashing soap, laundry detergent, and household cleaning products.) \$ _____

2.3.1.1 How do you, do members of your household, pay for cleaning products? _____

2.3.1.2 If someone other than you or a member of your household contributes to cleaning products, who contributes? _____

2.3.1.3 What is the average weekly value of cash contributions for cleaning products? (*This amount is income.*) \$ _____

2.3.1.4 Does anyone contribute cleaning products to you or your household on a regular basis? Yes No

2.3.1.5 If yes, what is the average weekly value of cleaning products contributed to you or your household? (*This amount is income.*) \$ _____

Verification: Most individuals and families buy cleaning supplies, grooming products, and paper products at the grocery store. You must provide us with at least **one month's** receipts to help verify amount spent. Our staff will check the receipts to make sure your family size can manage on the amount documented

Part 3 – Transportation Expenses

3.1 Do you, or does someone in your household, own an automobile? Yes No

3.1.1 If “yes” to above, are there still payments due on the automobile? Yes No

3.1.1.1 If yes, what is the amount of the monthly automobile payment? \$ _____

3.1.1.2 How do you, or how do members of your household, pay the automobile payments? _____

3.1.1.3 If someone other than you or a member of your household contributes to the automobile payment, who contributes? _____

3.1.1.4 What is the monthly amount of contribution toward the automobile payment? (*This amount is income. The amount is income whether it is cash paid to you, a member of your household, or cash paid directly to the holder of the auto note or any intermediary.*) \$ _____

3.2.1 If you or members of your household own automobile(s) outright (no payments are due), list the average monthly amounts you or your household pay for the following:

3.2.2.1 Gas \$ _____

3.2.2.2 Maintenance (include oil and other fluids) \$ _____

3.2.2.3 Insurance \$ _____

3.2.2.4 Tires \$ _____

3.2.2.5 How do you or members of your household pay for these auto-related expenses? _____

3.2.2.6 If someone other than you or a member of your household contributes to automobile operating costs, who contributes? _____

3.2.2.7 What is the average monthly amount of cash or direct payment contribution to the automobile's operating costs? (*This amount is income.*) \$ _____

Verification: You must provide us with at least **one month's** gas receipts, proof of insurance, and proof of automobile payment (if applicable).
Note: *Uninsured automobiles cannot be parked on our property.*

3.2 If neither you nor any member of your household own an automobile, what do you or members of your household use for transportation? _____

3.2.1 How do you or members of your household pay for this transportation? _____

3.2.2 If someone other than you or a member of your household contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? (*This amount is income.*) \$ _____

Verification: A household without an automobile must provide us with a credible statement of the manner in which you pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.

Part 4 – Entertainment Expenses

4.1 Does your household have a cable or satellite TV connection? Yes No

4.1.1 If “yes” to above, what is the average monthly cost of cable or satellite TV service? \$ _____

4.1.2 If “yes” to above, how do you or members of your household pay for the cable or satellite TV service? . . . _____

4.1.3 If someone other than you or members of your household contribute to the cost of cable or satellite TV service, who contributes? _____

4.1.4 What is the average monthly contribution (in cash or direct payment to the cable company or satellite provider) for cable or satellite TV? (*This amount is income.*) . . . \$ _____

4.2 What are the average weekly costs of other types of entertainment for your household? Include the following:

4.2.1 Magazines \$ _____

4.2.2 Movies \$ _____

4.2.3 Video Rentals \$ _____

4.2.4 Club Memberships \$ _____

4.2.5 Sporting Events \$ _____

4.2.6 Liquor/Beer/Wine \$ _____

4.2.7 Lottery tickets \$ _____

4.2.8 Vacations \$ _____

4.2.9 Other Entertainment \$ _____

4.2.10 How do you and/or members of your household pay for other entertainment costs? _____

4.2.11 If someone other than you or a member your household contributes to the cost of other entertainment, who contributes? _____

4.2.12 What is the average monthly contribution (in cash or entertainment provided) for other entertainment? (This amount is income.)

Verification: You must provide us with at least two monthly bills for cable or satellite TV, plus receipts for other entertainment costs.

Part 5 – Clothing Expenses

5.1 What are the ages and sexes of all household members?

Table with columns: Name, Age, Sex. Rows 5.1.1 to 5.1.6 with checkboxes for M and F.

5.2 What is the average monthly cost for clothing and shoes for the household? \$

5.2.1 How do you and members of your household pay for clothing and shoes?

5.2.2 If someone other than you or a member your household contributes to the cost of clothing, who contributes?

5.2.3 What is the average monthly contribution (in cash or new clothes and shoes) for clothing? (This amount is income.) \$

5.3 What are the weekly amounts spent by and your household for laundry/dry cleaning? \$

5.3.1 How do you and members of your household pay for cleaning clothing?

5.3.2 If someone other than you or a member of your household contributes to the cost of cleaning clothing, who contributes?

5.3.3 What is the average monthly contribution for clothes cleaning? (This amount is income.) \$

Note: Clothing acquired from clothing banks or given to the family second hand is not counted as income.

Verification: You must provide us with a schedule that shows when clothing and shoes are purchased and the amounts spent. Children will need more clothing and shoes than adults because they are growing.

Part 6 – Smoking Expenses

6.1 Does anyone in the household smoke cigarettes, cigars or a pipe? Yes No

6.1.1 If “yes” to above, how many packs per day are smoked by the smokers in the household? _____

6.1.2 How do you or members of your household pay for the cost of cigarettes, cigars or pipe tobacco? _____

6.1.3 If someone other than you or a member of your household contributes to the cost of smoking, who contributes? _____

6.1.4 What is the average monthly contribution (in cash, cigarettes, cigars, or pipe tobacco) (*This amount is income.*) \$ _____

Verification: You must provide us with documentation of the brand of cigarettes, cigars and/or pipe tobacco smoked and we will document the least expensive price for that brand in the locality to impute cost.

Part 7 – Communications Expenses

7.1 Do you or anyone in your household have a telephone? Yes No

7.1.1 If “yes” to above, how many lines are in your house/apartment? _____

7.1.2 Do you or does anyone in your household have any special telephone services? (For example, call waiting, call forwarding, caller ID, etc.) Yes No

7.1.3 Do you or does anyone in your household have a cell phone? Yes No

7.1.4 What is the average monthly cost for telephone service? \$ _____

7.1.5 How does your household pay for the cost of telephone service? _____

7.1.6 If someone other than a member of your household contributes to the cost of telephone service, who contributes? _____

7.1.7 What is the average monthly contribution (in cash or direct payment of the telephone bill) for telephone service? (*This amount is income.*) \$ _____

7.2 Do you or does anyone in your household have a pager/beeper? Yes No

7.2.1 If "yes" to above, how many members of your household have pagers/beepers? _____

7.2.2 What is the average monthly cost for the pagers/beepers? \$ _____

7.2.3 How do you or members of your household pay for the cost of beepers/pagers? _____

7.2.4 If someone other than a member of your household contributes to the cost of beeper/pager service, who contributes? _____

7.2.5 What is the average monthly contribution (in cash or direct payment of the beeper/pager bill)? (*This amount is income.*) _____

7.3 Do you or does anyone in your household have an internet connection? Yes No

7.3.1 If "yes" to above, who is the internet provider? _____

7.3.2 What is the monthly cost of the internet connection? . . \$ _____

7.3.3 Is there a dedicated telephone line for the internet? . . . Yes No

7.3.3.1 If "yes" to above, does the telephone line show on your household's telephone bill? Yes No

7.3.3.2 If "yes" to above, you must provide us with a copy of your telephone bill. If "no" to above, you must provide us with a copy of your household's internet service bill.

7.3.4 How do you or how do members of your household pay for the internet connection? _____

7.3.5 What is the average monthly cost of the internet connection? \$ _____

7.3.6 If someone other than a member of your household contributes to the cost of the internet connection, who contributes? _____

7.3.7 What is the average monthly contribution (in cash or direct payment to the internet provider) for internet services? (This amount is income.) \$ _____

Verification: You must provide us with at least two month’s worth of bills for telephone, beeper/pager, and internet services, as applicable. Our staff will review the bills carefully to determine the average monthly cost for communications services.

Part 8 – Shelter Expenses

8.1 **Applicants ONLY:** What is the average monthly cost for housing and utilities? \$ _____

8.1.1 **Applicants ONLY:** How do you or members of your household pay the cost of shelter? _____

8.1.2 **Applicants ONLY:** If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? _____

8.1.3 **Applicants ONLY:** What is the average monthly contribution to shelter (housing plus utilities)? \$ _____

8.1.4 **Applicants ONLY:** Will the person(s) and/or agencies contributing toward shelter continue to do so when the applicant and/or household is admitted to public housing? Yes No

8.1.4.1 If “no” to above, why not? _____

8.2 **Current Tenants ONLY:** What is your average monthly cost for housing and utilities? \$ _____

8.2.1 **Current Tenants ONLY:** How do you pay for the cost of shelter? _____

8.2.2 **Current Tenants ONLY:** If someone other than a member of your household makes a contribution toward the shelter cost, who contributes? _____

8.2.3 **Current Tenants ONLY:** What is the value of the contribution toward shelter? (*This amount is income.*) \$ _____

Verification: You must provide us with at least **one month’s** documentation of your actual cost for housing and utilities.

Section 9 – Medical Expenses

9.1 Do you or any member of your household have any unreimbursed medical and/or prescription expenses? Yes No

9.1.1 If “yes” to above, what is the average monthly cost of unreimbursed medical and/or prescription expenses? . . . \$ _____

9.1.2 How do you and/or members of your household pay for unreimbursed medical expenses? _____

9.1.3 If someone other than a member of the applicant/tenant household contributes toward medical expenses, who contributes? (*Such contributions are not income.*) _____

Part 10 – Pet Expenses

10.1 Do you or does anyone in your household have a pet? Yes No

10.1.1 If “yes” to above, list the monthly expenses for:

10.1.11 Pet Food \$ _____

10.1.12 Veterinary Care \$ _____

10.1.13 Pet Supplies \$ _____

10.1.2 How do you and/or members of your household pay for pet expenses? _____

10.1.3 If someone other than a member of your household contributes toward pet expenses, who contributes? _____

^{10.1.4} What is the average monthly contribution (in cash, services, products or pet food) for pet care expenses? (*This amount is income.*) \$ _____

Section 11 – Miscellaneous Expenses

Listed below are a series of additional miscellaneous expenses your household might have. Indicate the monthly amount your household spends on any applicable expenses and the amounts contributed toward the expenses:

- ^{11.1} Church Contributions \$ _____
- ^{11.2} Unreimbursed Educational Expenses \$ _____
- ^{11.3} Unreimbursed Childcare Expenses \$ _____
- ^{11.4} Unreimbursed Job Expenses \$ _____