



**Iano Housing Authority**

## ZERO INCOME STATEMENT

**This form is to be executed by each adult household member reporting zero income.**

Head of Household Name \_\_\_\_\_

Other Adult Reporting Zero Income Name \_\_\_\_\_

Other Adult Reporting Zero Income SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**I certify that I am receiving no income from any source, including the following:**

1. Employment income from private or public employer.
2. Unemployment compensation benefits
3. Social Security benefits, retirement, or annuity benefits
4. Pension or Veteran's benefits
5. Worker's compensation benefits
6. Paid vacation, maternity leave payments, or severance pay.
7. TANF or other type of public assistance.
8. Educational scholarships or grants.
9. Money, gifts or contributions from friends, relatives, churches, or agencies.
10. Income from self employment.
11. Income from any other source not listed above.

I understand that I must report changes in income within ten days of receipt and that rent may be charged retroactively to the change date if I fail to report changes timely.

\_\_\_\_\_  
Signature of Household Member Reporting Zero Income

\_\_\_\_\_  
Date

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the United States as to make matter within its jurisdiction.**



# ZERO INCOME

## FOR ALL ADULT HOUSEHOLD MEMBERS

Name \_\_\_\_\_ Month \_\_\_\_\_ Counselor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE SUPPLY THE FOLLOWING INFORMATION**

I receive cash contributions, disbursement, or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from person(s) not living with me. Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list below)

Source Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Source Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Total monthly income and cash contributions \$ \_\_\_\_\_**

**Assets:** Please list current balances of all accounts – use additional paper if needed. *Most recent statement needed*

Checking Account: Bank Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Savings Account: Bank Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Please provide the following requested information regarding your household's monthly expenses.**

Write n/a if you do not have an expense for that item.

<u>EXPENSES PAID</u>	<u>AMOUNT</u>	<u>EXPENSES</u>	<u>AMOUNT</u>
RENT	\$ _____	CAR PAYMENT	\$ _____
GARAGE/STORAGE	\$ _____	CAR INSURANCE	\$ _____
PET RENT/PENT EXPENSES	\$ _____	TRAVEL EXPENSE	\$ _____
FOOD/ABOVE FOOD STAMPS	\$ _____	HOME PHONE	\$ _____
CLOTHING	\$ _____	CELL PHONE(S)	\$ _____
GAS	\$ _____	INTERNET/CABLE	\$ _____
ELECTRIC	\$ _____	PAPER PRODUCTS	\$ _____
WATER/SEWER	\$ _____	CLEANING/GROOMING	\$ _____
OTHER:	\$ _____	SATELLITE/CABLE	\$ _____
MEDICAL/DENTAL	\$ _____	CIGARETTES	\$ _____
CREDIT CARD	\$ _____	ENTERTAINMENT	\$ _____
OTHER:	\$ _____		

**Subtotal \$ \_\_\_\_\_**

**Subtotal \$ \_\_\_\_\_**

Total Monthly income and cash contributions \$ \_\_\_\_\_

Total of all monthly expenses paid (add subtotals) \$ \_\_\_\_\_

Are your paid expenses higher than your income & cash contributions? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain how you are meeting your monthly expenses (use additional paper if needed)

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

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

COUNSELOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_