ZERO INCOME MONTHLY REPORT

1. List the names of each person who has resided in this household for **ANY PERIOD** during the recertification period (include yourself):

2. List below **ANY** income by **ANY** family member during this month. Income from **ALL** sources should be listed. Some examples might include: welfare, social security, unemployment, child support, wages, occasional earnings (babysitting, car repair, lawn mowing, housecleaning, etc.). Gifts from family, friends or churches are considered income sources:

Name of Family Member	Where did money come from?	How Often? Weekly/Monthly?	Does he/she still get it? If not, why?

3. Did you file income taxes for the current tax year? ..... ☐Yes ☐ No

Provide Tax return

4. What utilities are you responsible for? (Circle those that you pay for):

☐Electricity ☐Gas ☐Oil ☐Propane ☐Garbage ☐Water ☐Sewer

5. How do you pay them? _____

6. Do you have a telephone? ☐Yes ☐No Average Monthly Bill: $_____

7. Do you have Cable TV? ☐Yes ☐No Average Monthly Bill: $_____

8. Are any of your utilities in someone else's name? ☐Yes ☐No

If yes, which utilities, and whose name are they in? _____

Include an attachment of each utility company bill including Telephone and Cable TV, SHOWING THE LAST MONTHS' BILLINGS AND PAYMENTS RECEIVED.

9. List each car owned by any member of your household:

Owner's Name	Make and Model	Year	Mileage	Average Mile driven monthly

10. How much do you spend each month for gas? $_____

11. How much is your car insurance? $_____ ☐per month ☐for 6 months

12. How do you pay for it? _____

13. When is your next auto insurance payment due? _____

14. How do you pay for title and registration fees? _____

Provide copies of tax, registration and insurance

15. Do you receive food stamps? ☐Yes ☐No How much? _____

16. How do you pay for non-food items such as cigarettes, paper products, laundry soap, cosmetics, etc?

_____

17. Do you have any of the following:

Installment Loans ☐Yes ☐No $ _____per month

Rent-to-Own Account ☐Yes ☐No $ _____per month

Credit Cards ☐Yes ☐No $ _____ per month

Layaway Accounts ☐Yes ☐No $ _____per month

18. How do you make the payments? _____

Provide copy of all bills and payments, account numbers may be marked out for privacy

BEFORE YOU SIGN THIS DOCUMENT, PLEASE CAREFULLY READ THE FOLLOWING:
SECTION 1001 TITLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.

By signing this document I declare, under penalties of perjury, that the information is true to the best of my knowledge.

The information you have given the Campbell County Department of Housing will be kept as confidential as possible. However, we feel that you should be aware that this information may be seen by someone other than a Housing Authority employee (for example, an auditor).

Signatures:

_____
Head of the Household Date

_____
Spouse/Other Adult Date

_____
Other Adult Date

DECLARATION OF ZERO INCOME

I/We_____
List names of all adults in the household

declare, under penalties of perjury, that I am/we are zero income, and have reported all income that we currently receive from all sources at this present time. Should our conditions change, I/we promise to notify the Campbell County Department of Housing **in writing** within ten (10) days of its occurrence.

I/we also understand that discovery of any income from any source (after signing this form) not previously reported is cause for termination of housing assistance.

_____
Head of Household Signature Printed Name Date

_____
Spouse/Other Adult Signature Printed Name Date

_____
Spouse/Other Adult Signature Printed Name Date