



HCV Zero Income Status Packet

This form is to be completed and submitted if you are claiming Zero Income Status.

Failure to declare income or income source will result in termination of assistance.

Failure to declare an expense generated by the household will result in termination of assistance.

Falsifying, altering or omitting any information or documentation will result in termination of assistance.

All questions must be answered. DO NOT LEAVE ANY BLANKS. PLEASE PRINT

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Title 18, Section 1001 of the U.S. Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony and subject to jail, fees and fines.

Name (PLEASE PRINT):

Phone:

Address:

Email:

Zero Income Checklist and Worksheet

*****All expense totals are to be declared as MONTHLY totals*****

FOOD EXPENSES

What is the monthly grocery bill? \$ _____

Does any household member receive SNAP benefits? YES or NO

If yes - how much: \$ _____

List who helps you with your food expenses: _____ (Excluding SNAP)

HOUSEHOLD GOODS: Cleaning, Grooming and Paper Products

What is the cost of paper products used by the family; include napkins, toilet paper, paper towels, trash bags, diapers and other disposable items? \$ _____

What is the value of cleaning products used by the family; include dish soap, laundry detergent and other household cleaning products? \$ _____

What is the value of grooming products used by the family; include soap, deodorant, shampoo, toothpaste, cosmetics, barber, beautician service, etc.? \$ _____

List who helps you with your household goods expenses:

CLOTHING EXPENSE:

What is the average monthly cost of clothing and shoes for the family? \$ _____

List who helps you with your clothing expenses: _____

SHELTER EXPENSE: Housing and Utilities

What is your average cost of monthly rent? \$ _____

What is your average cost of the utilities? \$ _____

List who helps you with your shelter expenses: _____

TRANSPORTATION EXPENSE:

Does any household member own/lease a car? YES or NO

Do you make monthly payments for this vehicle(s)? YES or NO

If yes, monthly payment amount: \$ _____

What is the average monthly cost of maintenance? \$ _____

What is the monthly insurance cost? _____

What is the average monthly expense for gas? \$ _____

List who helps you with your vehicle expenses: _____

If you claim no expenses for a vehicle please answer the following:

What do you do for transportation? _____

What is the average monthly expense for transportation? \$ _____

List who helps you with your transportation expenses: _____

RENTAL FURNITURE, APPLICANCE OR OTHER RENTAL ITEM EXPENSE:

Does any household member rent furniture, appliances or other items (game system, TV, etc.)? YES or NO

What is the monthly rental expense? \$ _____

List who helps you with Rental Furniture, appliance or other rent item expenses: _____

COMMUNICATION EXPENSES:

Does any household member have a phone? YES or NO Type of service: Home Cell Both

What is the average monthly cost of Home Phone Service? \$ _____

What is the average monthly cost of Cellular Phone Service? \$ _____

Does any family member have an internet connection? YES or NO

Internet Service Provider: _____

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

List who helps you with Communication Expenses:

ENTERTAINMENT EXPENSES:

Does any household member have cable or satellite TV? YES or NO

What is the average monthly cost of TV services? \$ _____

What is the cost of other entertainment expenses; Include cost of magazines, movies (cinema), movie rental, games, liquor, lottery tickets, trips or other entertainment? \$ _____

List who helps you with Entertainment Expenses:

SMOKING/TOBACCO EXPENSES:

Does any household member smoke or use smokeless tobacco products? YES or NO

Packs or amount per day _____ Cost monthly \$ _____

List who helps you with Smoking/Tobacco Expenses:

CREDIT CARD EXPENSE:

Does any household member have a credit card: YES or NO

What is your monthly credit card payment amount? \$ _____

List who helps you with your credit card expenses:

MISCELLANEOUS EXPENSES:

Does any household member have any of the following expenses: If yes, provide \$ amount.

Church contributions \$ _____

Un-reimbursed medical expenses \$ _____

Un-reimbursed job expenses \$ _____

Pet expenses (food, vet, supplies) \$ _____

Other Miscellaneous expenses \$ _____

List who helps you with Miscellaneous Expenses:

INCOME STATEMENT

You must list **all** sources of income. Anything of value that benefits household members must be declared. Income includes all wages, grants, gifts, loans, donations, etc.

Does any member of the household have any income?

INCOME FROM ALL SOURCES	Yes	No
Wages from employment		
Child Support		
Child Support (Including Private Pay)		
TANF		
SS or SSI		
Pension		
Social Services		
Township		
Other Disability payments		
Babysitting		
Cleaning		
Handyman/Lawn Care/ Snow		
In home party sales (Tupperware, Mary Kay, etc...)		
In home hair styling, braiding or nail services		
Cash Jobs		
Non-Monetary gifts (car, food, clothes, etc...)		
Other Income		

You may be required to provide receipts or other documentation for expenses, including utility bills, rent or housing costs, medical, etc. Failure to provide required documents or to provide consent may result in the denial or termination of assistance.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation to any housing assistance program.

Notice: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act or assistance to such attempt is a crime.

Signature: _____ Date: _____

Please provide names and addresses of family members/friends who assist you with your expenses:

Name: _____ How much per month: \$ _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Name: _____ How much per month: \$ _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Name: _____ How much per month: \$ _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Name: _____ How much per month: \$ _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Name: _____ How much per month: \$ _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

REGULAR CONTRIBUTION VERIFICATION

To:

The Housing Authority of the City of Danville, Illinois is required by law to verify income contributions of all families applying for admission to the Authority and/or to re-examine their income. To comply with the above requirements, your cooperation is requested in supplying the information on the person (s) indicated above. All information will be held in confidence for use only to determine rental rate of the individual and eligibility status.

I, _____, hereby authorize the release of the requested information.

Head of Household Signature

Date:

_____ has reported that you contribute \$ _____ for Food, Clothing, Shelter, Transportation, Rental Furniture, Communication, Entertainment, Smoking/Tobacco, and/or Miscellaneous Expenses on a **monthly** basis. Please verify below:

- _____ I do provide the Regular Contribution listed above.
- _____ I no longer provide Regular Contributions of any kind.

By signing this document, I certify under penalty of perjury that the information and statements I have provided are to the best of my knowledge true and accurate.

Signature: _____ **Date:** _____