



LIPH Zero Income Status Packet

This form is to be completed and submitted with all required supporting documentation within 10 days of our request for the information.

Failure to complete and submit the required documentation as requested will result in denial or termination of assistance.

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

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

Falsifying, altering or omitting any information or documentation will result in denial or 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.

WARNING!

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: _____ Today's Date: _____ PHA USE _____

Zero Income Packet

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

FOOD EXPENSES

What is the monthly grocery bill? \$ _____

Does any family member receive food stamps? Yes or No If yes - how much? \$ _____

How does the family pay for food and groceries? _____

List any outside contributors to food expense. Include person(s) or places that provide cash, or food (fresh or prepared).

Name	Cash or value of food contributed	Phone
_____	\$ _____	_____
_____	\$ _____	_____

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? \$ _____

How does the family pay for these products and service? _____

List any outside contributors to Household goods. Include person(s) or places that provide cash or items:

Name	Cash or value of item contributed	Phone
_____	\$ _____	_____
_____	\$ _____	_____

CLOTHING EXPENSE

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

How does the family pay for this expense? _____

List any outside contributors to Household goods. Include person(s) or places that provide cash or items.

Name	Cash or value of item contributed	Phone
_____	\$ _____	_____
_____	\$ _____	_____

SHELTER EXPENSE: Housing and Utilities

What is the average cost of your portion of the rent? \$ _____

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

How does the family pay for these expenses? _____

List any outside contributors to Housing and Utilities. Include person(s) or places that provides cash assistance for this expense.

Name	Cash amount contributed	Phone
_____	\$ _____	_____
_____	\$ _____	_____

Transportation Expense:

Does any family member own/lease a car? Yes or No Make and Model: _____

Additional Vehicle Make and Model: _____ Make and Model: _____



What are the monthly payments for this vehicle(s)? \$ _____ What is the average monthly cost of maintenance? \$ _____

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

How does the family pay for this expense? _____

List any outside contributors to Transportation. Include person(s) or places that provides cash assistance for this expense.

Name	Cash amount contributed	Phone
_____	\$ _____	_____
_____	\$ _____	_____

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

What does the family do for transportation? _____

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

How does the family pay for this expense? _____

List any outside contributors to Transportation. Include person(s) or places that provides cash assistance for this expense.

Name	Cash amount contributed	Phone
_____	\$ _____	_____
_____	\$ _____	_____

Rental Furniture, appliance or other rental item expense:

Does anyone in the household rent furniture, appliances or other items (game system, tv, etc)? YES or NO

What is the monthly rental expense? \$ _____

How does the family pay for this expense? _____

List any outside contributors to Transportation. Include person(s) or places that provides cash assistance for this expense.

Name	Cash amount contributed	Phone
_____	\$ _____	_____
_____	\$ _____	_____

Communication Expenses:

Does any family member have a phone? Yes or No Type of service?: Home Cell Both

Phone #: _____ Phone#: _____ Phone #: _____ Phone#: _____

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

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

How does the family pay for these communication expenses? _____

Does any family member have an internet connection? Yes or No Internet Service Provider: _____

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

How does the family pay for internet service? _____

List any outside contributors to communication. Include person(s) or places that provides cash assistance for this expense.

Name	Cash amount contributed	Phone
_____	\$ _____	_____
_____	\$ _____	_____

Entertainment Expenses:

Does any family member have cable or satellite TV? Yes or No

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

How does the family pay for this service? _____

List any outside contributors to TV Services. Include person(s) or places that provides cash assistance for this expense.

Name	Cash amount contributed	Phone
_____	\$ _____	_____

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

How does the family pay for these expenses? _____

List any outside contributors to entertainment. Include person(s) or places that provides cash assistance for this expense.

Name	Cash amount contributed	Phone
_____	\$ _____	_____
_____	\$ _____	_____

Smoking/ Tobacco Expenses:

Does any family member smoke or use smokeless tobacco products? Yes or No

If yes, who? _____ Packs or amount per day _____ Cost monthly \$ _____

If yes, who? _____ Packs or amount per day _____ Cost monthly \$ _____

If yes, who? _____ Packs or amount per day _____ Cost monthly \$ _____

How does the family pay for this expense? _____

List any outside contributors to smoking/tobacco. Include person(s) or places that provides cash assistance for this expense.

Name	Cash amount contributed	Phone
_____	\$ _____	_____

Miscellaneous Expenses:

Does any family 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 \$ _____

How does the family pay for this expense? _____

List any outside contributors to miscellaneous expense. Include person(s) or places that provide cash assistance for this expense.

Name	Cash amount contributed	Phone
_____	\$ _____	_____



Income Statement

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

INCOME FROM ALL SOURCES	Yes	No	Amount contributed Cash or item value	Name of person or place contributing cash or items	Contact Phone
Does any member of the household have any income?					
Wages from employment					
Child Support					
Child Support Private Pay					
TANF					
SS or SSI					
Pension					
Social Services					
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					
Money from family/friends					
Non-Monetary gifts (car, food, clothes, etc...)					
Other Income					

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.

All documentation to support your expenses and proof of how those expenses are paid must be submitted with this completed form within 10 days of request.

You know what expenses you have declared in this packet and you are responsible for submitting all documentation to support the expense.

YOUR ASSISTANCE WILL BE TERMINATED IF YOU:

- Fail to complete this packet and submit the required documentation within 10 days.
- Fail to declare income or income source
- Fail to declare an expense generated by the household
- Falsify, alter, or omit any information or documentation

Signature: _____ Date: _____