

## ZERO, LOW or UNDOCUMENTED INCOME CHECKLIST AND WORKSHEET

*You must provide receipts when ever possible for the items you list as a monthly expense!*

Client:	For Month/yr:			Date sent:	
<b>Food Expenses</b>	YES	NO	AMOUNT	name of person/place assisting & signature	contact phone number
Does any family member receive food stamps, if so how much?					
<b>If yes - how much?</b>					
What is the monthly grocery bill?					
How much of the grocery bill was not covered by food stamps?					
Who, outside the family, provides food or money for food?					
<b>How much do they provide?</b>					
<b>Cleaning, Grooming and Paper Product Expenses</b>					
What is the cost of paper products used by the family; include napkins, toilet paper, paper towels, trash bags, diapers and other disposable items?					
<b>How does the family pay for these items?</b>					
<b>Who, outside the family, provides these products or money?</b>					
What is the value of grooming products used by the family; include soap, deodorant, shampoo, toothbrushes, cosmetics, barber, beautician service, etc?					
<b>Who, outside the family, provides these products or money?</b>					
<b>Transportation Expenses</b>					
Does any family member own a car?					
What kind?					
Are there still payments due, how much per month?					
<b>Does someone outside the family make the car payment, who?</b>					
<b>Does someone outside the family contribute to the car payment, how much?</b>					
What is the average monthly expense for gas?					

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What is the average monthly expense for maintenance?					
What is the average monthly expense for insurance?					
What is the average monthly expense for tires?					
<b>Who pays these expenses?</b>					
<b>If you claim no expenses for a car what does the family do for transportation?</b>					
<b>If someone else takes you place, how often and how many miles per month?</b>					
<b>Entertainment Expenses</b>	<b>YES</b>	<b>NO</b>	<b>AMOUNT</b>	<b>name of person/place assisting &amp; signature</b>	<b>contact phone number</b>
Does any family member have cable or satellite TV, what is the cost per month?					
<b>Does someone outside the family pay for this service?</b>					
What is the average month cost of other types of entertainment					
<b>Magazines</b>					
<b>Movies</b>					
<b>Video Rentals</b>					
<b>Sporting events</b>					
<b>Lottery Tickets</b>					
<b>Liquor/Beer/Wine</b>					
<b>Vacations</b>					
<b>Other Entertainment</b>					
<b>Who pays for theses expenses?</b>					
<b>Clothing Expenses</b>					
What is the average monthly cost of clothing and shoes for the family?					
<b>Does someone outside the family provide or pay for this expense?</b>					
What is the average monthly amount spent for laundry/dry cleaning?					
<b>Does someone outside the family provide or pay for this expense?</b>					
<b>Smoking Expenses</b>					

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Does anyone in the family smoke/chew tobacco? Who?					
If yes, how many packs per day, are smoked by the smokers in the family?					
What is the average monthly cost of smoking/tobacco products?					
<b>Does someone outside the family provide or pay for this expense?</b>					
<b>Communications Expenses</b>	<b>YES</b>	<b>NO</b>	<b>AMOUNT</b>	<b>name of person/place assisting &amp; signature</b>	<b>contact phone number</b>
Does any family member have a phone?					
What are the numbers?					
What is the average monthly telephone bill?					
Does any family member have a cell phone?					
What are the numbers?					
What is the average monthly cell phone bill?					
Does any family member have a pager/beeper?					
What are the numbers?					
<b>Does someone outside the family pay for any of these services?</b>					
Does any family member have a computer?					
Does any family member have an internet connection? Type?					
Who is the internet provider (ISP)?					
What is the average monthly cost of the internet connection?					
<b>Does someone outside the family pay for any of these services?</b>					
<b>Housing and Utility Expenses</b>					
What is the average cost of your portion of the rent?					
What is the average cost of your portion of the utilities?					
<b>Does someone outside the family pay for any of these expenses?</b>					
<b>Miscellaneous Expenses</b>					

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Does any family member have any of the below listed expenses? How much?					
<b>Church contributions</b>					
<b>Un-reimbursed Educational Expenses</b>					
<b>Un-reimbursed Child care Expenses</b>					
<b>Un-reimbursed Job Expenses</b>					
<b>Un-reimbursed Medical Expenses</b>					
<b>Pets expenses – food, veterinary, shots, etc.</b>					
<b>Other Miscellaneous Expenses</b>					

Please show receipts for all expenses possible. These would include all utility bills, car payments, receipts for fuel, food, entertainment, etc. Failure to provide complete and accurate information could result in less assistance or termination from the Section 8 Rental Assistance Program.

### 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, presents, donations, etc.

<b>Income From All Sources</b>	<b>YES</b>	<b>NO</b>	<b>AMOUNT</b>	<b>name of person/place assisting &amp; signature</b>	<b>contact phone number</b>
<b>Does any member have any income?</b>					
<b>Child Support</b>					
<b>Private Pay Child Support</b>					
<b>Wages</b>					
<b>TANF</b>					
<b>Pension</b>					
<b>Social Services</b>					
<b>Gifts</b>					
<b>Loans</b>					
<b>Babysitting</b>					
<b>Cleaning</b>					
<b>Lawn care/Snow removal/Handyman</b>					
<b>Social Security/Disability</b>					
<b>Cash Jobs</b>					
<b>Money from family/Friends</b>					
<b>Non-Monetary Gifts (Car, Food, Clothes, Etc.)</b>					
<b>Other Income</b>					
<b>Notes:</b>					

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I declare all the above information is true and accurate. I have attached all documents to verify my/this report. I understand that providing incomplete, false, or misleading information is grounds for termination from the Section 8 Rental Assistance Program.

\_\_\_\_\_  
**Signature Head of Household**

\_\_\_\_\_  
**Date** id#: \_\_\_\_\_

\_\_\_\_\_  
**Signature co-head or other adult**

\_\_\_\_\_  
**Date** id#: \_\_\_\_\_

.....  
Date Received by H.A.: \_\_\_\_\_ Date Verified by H.A.: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

Print name of Verifier: \_\_\_\_\_

**COMMENTS:**

DATE:	COMMENT:	RESPONSE/ACTION

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