

Head of Household Name: _____



ZERO INCOME QUESTIONNAIRE AND CERTIFICATION

This form must be completed for each household member over the age of 18 years old reporting zero income. This form must be returned within 10 business days of the date sent to remain in compliance. Failure to return the form may result in termination from the Housing Choice Voucher Program.

Name of Household Member

Please describe how you are meeting your basic daily/monthly needs by filling in **ALL** blanks on this form. **DO NOT leave any blanks!** If it does not apply write N/A in the space.

| Expenses | How is this paid for? List all sources | How often is this received? | Amount Received |
|--|--|-----------------------------|-----------------|
| Food | | | |
| Groceries | | | |
| Fast Food Costs | | | |
| Restaurants | | | |
| Adult Beverages | | | |
| Alcohol | | | |
| Tobacco products (vaping, tobacco, other) | | | |
| Housing Costs | | | |
| Electricity | | | |
| Gas | | | |
| Water/Sewer | | | |
| Grooming Supplies (Shampoo, soap, deodorant, etc.) | | | |
| Household Supplies | | | |
| Cleaning supplies (laundry detergent, dish soap, etc.) | | | |
| Paper products (toilet paper, tissues, paper towels, etc.) | | | |
| Computer Supplies | | | |

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| | | | |
|---|---|------------------------------------|------------------------|
| Over the counter medication | | | |
| Personal Care <u>Supplies</u> (make-up, hair, nails, tanning, etc.) | | | |
| Pet Costs (vet bills, food, license, litter, etc.) | | | |
| Expenses | How is this paid for? List all sources | How often is this received? | Amount Received |
| Transportation | | | |
| Vehicle loan payments | | | |
| Vehicle insurance | | | |
| Gasoline | | | |
| Gas money to others | | | |
| Vehicle maintenance | | | |
| Bus Fare | | | |
| Uber/taxi fare | | | |
| Entertainment | | | |
| Cable/streaming apps (Netflix, Hulu etc.) | | | |
| Movies | | | |
| Sporting events | | | |
| Gambling | | | |
| Vacations | | | |
| Other entertainment | | | |
| Clothing Expenses | | | |
| Clothing | | | |
| Shoes | | | |
| Laundry | | | |
| Jewelry | | | |
| Medical/Disability Expenses | | | |
| Co-pay | | | |
| Insurance premium | | | |
| Medicine | | | |

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| | | | |
|--------------------------------|--|--|--|
| Attendant care | | | |
| <u>Child Care Costs</u> | | | |
| <u>Communication</u> | | | |
| Cell phone | | | |
| Internet | | | |
| landline | | | |

I certify that the information provided to Charter Oak Communities is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements are grounds for termination of housing assistance and termination of tenancy. I understand that my income will be reviewed in six months (6), therefore I will supply all documentation requested in order to stay in good standing.

Print Household Member Name_____

Signature of Household Member_____ Date_____