

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
<b><u>Food</u></b>			
Groceries			
Fast Food Costs			
Restaurants			
<b><u>Adult Beverages</u></b>			
Alcohol			
Tobacco products (vaping, tobacco, other)			
<b><u>Housing Costs</u></b>			
Electricity			
Gas			
Water/Sewer			
<b><u>Grooming Supplies</u></b> (Shampoo, soap, deodorant, etc.)			
<b><u>Household Supplies</u></b>			
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			
<b><u>Personal Care Supplies</u></b> (make-up, hair, nails, tanning, etc.)			
<b><u>Pet Costs</u></b> (vet bills, food, license, litter, etc.)			
<b>Expenses</b>	<b>How is this paid for? List all sources</b>	<b>How often is this received?</b>	<b>Amount Received</b>
<b><u>Transportation</u></b>			
Vehicle loan payments			
Vehicle insurance			
Gasoline			
Gas money to others			
Vehicle maintenance			
Bus Fare			
Uber/taxi fare			
<b><u>Entertainment</u></b>			
Cable/streaming apps (Netflix, Hulu etc.)			
Movies			
Sporting events			
Gambling			
Vacations			
Other entertainment			
<b><u>Clothing Expenses</u></b>			
Clothing			
Shoes			
Laundry			
Jewelry			
<b><u>Medical/Disability Expenses</u></b>			
Co-pay			
Insurance premium			
Medicine			

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Attendant care			
<b><u>Child Care Costs</u></b>			
<b><u>Communication</u></b>			
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\_\_\_\_\_