



North Coast Housing Connections

1440 Rockside Road, Suite 306, Parma, Ohio 44134
Phone (216) 661-2015 • Fax (216) 661-2021

Declaration of Zero Income Status Questionnaire

If you are declaring zero income, you must complete this entire form by answering all the questions. You must also submit a copy of your most recent IRS tax return or a statement from the IRS showing you did not submit any tax returns. (You may access the statement online at www.irs.gov).

I, _____, (print name) confirm that I am not currently receiving any income from any source, including but not limited to:

- | | |
|---------------------|-----------------------|
| Employment | Unemployment Benefits |
| Self-employment | Workers' Compensation |
| Social Security | Child Support |
| SSI | Alimony |
| Pension | Family Assistance |
| Disability Benefits | Cash Welfare |
| VA Pension | |

I understand that as a condition of continued participation in the North Coast Housing Connections (NCHC) Housing Choice Voucher Program, **I am required to report all changes in household income in writing within 30 days.**

I understand any misrepresentation of income and /or household composition may result in termination of my participation in the Housing Choice Voucher Program.

Applicant/Participant Signature

Date

I offer the following statement for additional information or clarification:

Applicant/Participant Signature

Date

Zero Income Questionnaire

Applicant/Participant Name: _____ Date: _____

Please describe briefly how your household is meeting basic daily/monthly needs. Fill in ALL the blanks on this form. DO NOT leave any blanks. **If it does not apply, write N/A in the space.** Please answer questions honestly.

* Note: Cash assistance/contributions may or may not affect your monthly rent amount.

The goal of this form is to obtain information about all cash and non-cash contributions (or unreported/underreported income) that the family may be receiving. With this information, NCHC staff can compute the annual value of contributions to add to the family income.

List how your household will pay for the following:

1. RENT

Do you pay rent? _____ If so, monthly amount: \$ _____

Provide source or who contributes funds to pay rent (name, address, phone):

2. FOOD

Do you or does anyone in your household receive food stamps (SNAP)? _____

If so, monthly amount: \$ _____

Provide source or who contributes funds to buy grocery items, if no food stamps (name, address, phone):

3. CABLE, INTERNET & UTILITIES

Do you have cable or satellite TV? _____ If so, monthly amount: \$ _____

Do you have Internet service? _____ If so, monthly amount: \$ _____

Do you have video streaming service (Netflix, Hulu, etc.)? _____ If so, monthly amount: \$ _____

Do you have electric, gas, water, sewer or other utility expenses (propane, fuel oil)? If so, monthly amount:

\$ _____

Provide source or who contributes funds to pay cable, Internet or utilities (name, address, phone):

4. PERSONAL HYGIENE

How much does your household spend on personal hygiene products (soaps, deodorant, hair products, makeup)?

If so, monthly amount: \$ _____

Provide source or who contributes funds for these items (name, address, phone):

5. PHONE

Do you or does anyone in your household have a home and/or cell phone? _____

If so, monthly amount: \$ _____

Provide source or who contributes funds to pay phone bills (name, address, phone):

6. VEHICLE

Does anyone in the household have a vehicle? _____ If so, is there a car loan payment? _____

Monthly car loan payment amount: \$ _____

Average spent on gas/maintenance/repairs per month: \$ _____

Do you pay for auto insurance? _____ Monthly payment amount: \$ _____

Do you pay registration? _____ Amount: \$ _____

Provide source or who contributes funds for any of these items listed above (name, address, phone):

7. LAUNDRY & CLEANING SUPPLIES

Do you use a laundromat or onsite laundry facility? _____ Monthly amount: \$ _____

Please list the average amount you or anyone in your household spends on household goods and cleaning supplies per month (toilet paper, paper towels, trash bags, laundry soap, etc.) _____

Provide source or who contributes funds for laundry/cleaning supplies (name, address, phone):

8. CLOTHING, SHOES, ETC.

Please list the approximate amount you or anyone in your household spends on clothing, shoes, accessories, etc.

Monthly amount \$ _____

Provide source or who contributes funds to pay for these items (name, address, phone):

9. ENTERTAINMENT

Do you or does anyone in your household go to movies, eat out and/or participate in sports, recreational or entertainment activities, etc.? _____

If so, monthly amount: \$ _____

Provide source or who contributes funds to pay for these expenses (name, address, phone):

10. PETS

Are there any pets in the household? _____

If so, monthly amount spent for pet food, veterinarian bills, pet toys, etc.: \$ _____

Provide source or who contributes funds to pay for these expenses (name, address, phone):

11. OTHER EXPENSES NOT LISTED ABOVE (i.e., credit cards, medical costs, loans, etc.)

Are there any other expenses for this household? _____

Please list any other expenses: \$ _____

Provide source or who contributes funds to pay for these expenses (name, address, phone):

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or representative of the U.S. government. HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above.

Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

I, _____, (print name) certify that I have answered all the questions fully and truthfully to the best of my knowledge. I understand that NCHC will attempt to verify some or all my statements. I understand that NCHC will count as annual income the amount(s) that I stated on this form. I understand my reporting requirements and the "Penalties for Misusing this Consent" statement above.

Applicant/Participant Name: _____ Date: _____

Head of Household Signature: _____ Date: _____