



ZERO INCOME QUESTIONNAIRE

Households reporting zero income
To be completed by the Head of Household

Interview Date: _____
Pre-Interview Income Check:
<input type="checkbox"/> DTA verification to confirm that no benefits are received
<input type="checkbox"/> Zero Income Certification: Income Check/3 rd Party Verification complete

Head of Household:	Social Security #:
Address:	Date:

You indicated that your household has no income. It is the LHAND's policy to ensure that you can pay your rent, that you can maintain the unit, and that you are fully disclosing all income as required so that you are provided the correct housing assistance amount. In order to receive assistance, you are required to supply the following information so that we can ensure that no income is overlooked. All responses are subject to verification. Incomplete forms will not be processed which means that assistance and/or tenancy may be denied or terminated as appropriate.

Household has had zero or little income since (date)	_____
How do you plan to pay rent for the next 12 months?	_____

Do you or any other adult household member ever perform odd jobs such as construction jobs, field work, babysitting, seamstress work, preparation of meals, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, household member(s) _____ _____
	Income expected to be earned in the next 12 months: \$ _____
Do you or any other adult household member have money deposited in any bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, household member(s) _____ _____
Do you or any other adult household member have any outstanding loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, household member(s) _____ If so, how do you pay the monthly balance? _____ _____
Do you or any other adult household member have any outstanding medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, household member(s) _____ If so, how do you pay the monthly balance? _____ _____
Do you or any other adult household member have recurring monthly or quarterly medical expenses such as prescriptions, routine medical care, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, household member(s) _____ If so, how do you pay the monthly balance? _____ _____
Do you or any other adult household member have credit cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, household member(s) _____ If so, how do you pay the monthly balance? _____ _____
Does any person or organization provide your household with regular contributions (cash or non-cash) to assist with meals, clothing, child care, or any other expense?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind of help? _____ How often? _____ Total financial assistance to be provided in next 12 months: \$ _____
Did you or any other adult household member file a Federal Income Tax Report Last Year? If so, please provide the LHAND with a copy	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, household member(s) _____ _____
It is required that you maintain the unit in a decent, safe and sanitary manner. How do you plan to purchase supplies necessary to maintain the unit? (i.e. dishwashing liquid, cleaning supplies, etc.)	_____ _____
How do you purchase food?	_____
It is required that you maintain all required utilities	Electricity? _____

when occupying the unit. In the past months when you say you have had minimal, or no money, how did you, or do you, pay for the following: <i>(Please note that the LHAND may ask for verification of these expenses while you live in the unit)</i>	How much was your electricity bill last month? \$ _____ Gas? _____ How much was your gas bill last month? \$ _____ Telephone/Cell Phone? _____ How much was your telephone/Cell phone bill last month? \$ _____ Cable? _____ How much was your cable bill last month? \$ _____
If you have a car, the registration and insurance must be maintained. Do you or any other household member have a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, household member(s) _____ What is the monthly car payment? \$ _____ How do you pay the car payment? _____ How much was your automobile registration last year? \$ _____ How will you pay for annual registration? _____ How much is your annual automobile insurance? \$ _____ How will you pay for automobile insurance? _____ How do you pay for gas and maintenance? _____
If your household does not own/lease a car, how does your household get from place to place?	_____ _____
Do you have a washer and dryer?	<input type="checkbox"/> Yes <input type="checkbox"/> No How do you pay for Laundromat expenses? _____ _____
Do you have a pet or an assistance animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, how do you pay for food, veterinary expenses and supplies? _____ _____

Applicants/Tenants of Federal Housing Programs: The LHAND uses the Department of Housing and Urban Development's (HUD) Enterprise Income Verification (EIV) System. This database is used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Service (HHS) National Database of New Hires. HHS provides information about current and past employment and unemployment insurance information.

At your move-in or at your annual certification, all adult household members gave consent to the release of this information by signing HUD Forms 9886.

If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to ensure that you are receiving assistance for which you are eligible. If it is discovered that any member of the household failed to disclose income as required, it will be considered a material lease violation. The household will be required to return any assistance paid in error and additional penalties may apply including eviction and pursuit of fraud.

You should have already received a pamphlet entitled What You Should Know About EIV. Please review the information provided in the pamphlet so that you understand how the EIV system works.

By my signature I certify that the information I have provided on this questionnaire is true and complete. I understand that providing false representation herein constitutes an act of fraud and are punishable under federal and state laws. False, misleading or incomplete information may result in the termination of housing assistance and termination of tenancy.

I understand that LHAND may run a credit check/report at admissions and/or annual recertification to ensure that LHAND properly identifies actual, potential, or unreported sources of income into the household.

I agree to notify the LHAND promptly if the above information changes.

SIGNED UNDER THE PAINS AND PENALTY OF PERJURY:

Signature of Head of Household

Date

Warning: Title 18, Section 1001 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.