

Graham Housing Authority

ZERO INCOME MONTHLY REPORT:

**** All families family claiming Zero Income must complete this form monthly. It is the family's responsibility to complete this form until income is verified and added to the family's file. *Failure to complete this form and turn in by the 1ST of each month may result in Termination of Assistance for the family*****

RETURN COMPLETED FORM TO YOUR HOUSING SPECIALIST			
Circle the program you are a participant of :	Section 8	Public Housing	Ralph Clayton Homes

NAME:		DATE:	
ADDRESS:		Current Phone #(s):	

WARNING: Title 18 Code Section 1001 states that a person is guilty of a **felony** for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.

Penalties Includes:

1. Termination of housing assistance
2. Requirement to repay all overpaid rental assistance you have received
3. Fined up to \$10,000
4. Imprisoned for up to 5 years
5. Prohibited from receiving future housing assistance

Did you or any household member receive any of the following types of income? Circle YES or NO.

WAGES? YES or NO Name of Employer: Date Started:	Amount Received: How often Received? Monthly Weekly Other
AFDC/WFFA/TANF? YES or NO Date Started:	Amount Received: How often Received? Monthly Weekly Other
CHILD SUPPORT? YES or NO Date Started:	Amount Received: How often Received? Monthly Weekly Other
UNEMPLOYMENT BENEFITS? YES or NO Date Started:	Amount Received: How often Received? Monthly Weekly Other
SOCIAL SECURITY OR SSI? YES or NO Date Started:	Amount Received: How often Received? Monthly Weekly Other
VETERAN'S BENEFITS? YES or NO Date Started:	Amount Received: How often Received? Monthly Weekly Other
CASH GIFTS/CONTRIBUTIONS from family/friends? YES or NO Date Started:	Amount Received: How often Received? Monthly Weekly Other
OTHER INCOME? YES or NO Date Started:	Amount Received: How often Received? Monthly Weekly Other
FOOD STAMPS? YES or NO Date Started:	Amount Received: How often Received? Monthly Weekly Other

Answer the following questions (circle YES or NO)

1. Did you or any household member receive a one-time lump sum payment in the last 90 days? YES or NO
2. Did you or any household members have a baby, get married or move in or out in the last 90 days? YES or NO
3. Did any household member drop out of school in the last 90 days? YES or NO
4. When did you last apply for WFFA/AFDC/TANF? Date applied:
5. When did you last apply for Social Security or SSI? Date Applied:

ITEMIZED HOUSEHOLD EXPENSES

As a zero-income family, it is a requirement that you report the amount of your expenses and how they are paid. Please indicate the cost of each listed expense and the income source for each. If you do not see an expense listed, write it in the blank box.

EXPENSE	COST	INCOME SOURCE (who pays or provides this for the household) Name – Address – Phone numbers
RENT	\$	
LIGHT BILL	\$	
TELEPHONE	\$	
CABLE	\$	
HEATING (OIL, GAS, ELECTRIC)	\$	
WATER/SEWAGE	\$	
FOOD (MONTHLY COST \$\$)	\$	
CAR PAYMENT	\$	
CAR INSURANCE	\$	
GAS (WEEKLY)	\$	
RENTERS INSURANCE	\$	
FURNITURE BILL	\$	
CREDIT CARDS	\$	
HAIR CARE	\$	
PERSONAL HYGIENE	\$	
LAUNDREY	\$	
CLOTHING	\$	
TOBACCO PRODUCTS	\$	
MEDICAL	\$	
	\$	
	\$	

Please list the person(s) currently living in your household:

What are you doing to secure or restore income into your household?

TENANT CERTIFICATION

I, _____, hereby certify that all household members and I do not receive any income, earned or unearned. I am aware that this form must be completed and submitted to the Graham Housing Authority by the 5th day of every month. In the event that I do begin receiving any type of income, I am aware that I must report this income change within 10 days of the change. I will report this income change to the Graham Housing Authority by completing a Change of Status form and providing the required documentation.

Tenant Signature

Date