



QUESTIONNAIRE FOR APPLICANTS/RESIDENTS WHO CLAIM ZERO INCOME

Name: _____

Address: _____

We know that there is income that is not necessary to include in the countable income. We are asking you to assist us by answering the following questions.

We are trying to make sure that countable income has not been overlooked.

1. In the past twelve months, have you any income from any source? Yes No

If yes, where and when did it stop? _____

2. Do you have any money in the bank, or put away somewhere? Yes No

3. Do you do any odd jobs like field work, babysitting, etc? Yes No

If yes from whom and how often do you get paid?

4. Do your parents, children, friends, or any other person outside of your household give you help to meet your needs? Yes No If so, what kind of help and how often?

5. In the past months when you say you have had minimal or no money how did you, or do you, pay for the following:

A. Rent? _____

B. Electricity? _____

C. Telephone? _____

D. Other utility bills? _____

E. How do you buy food? _____



F. How do you buy cleaning supplies (dish soap, laundry soap, cleaning supplies, etc.)?

G. How do you buy paper supplies (toilet paper, paper towels, etc)?

H. How do you buy personal hygiene items (shaving cream, shampoo, deodorant, etc.)?

I. Do you have a washer & dryer? Yes No
If no, how do you pay for Laundromat expenses?

J. Do you smoke? Yes No If yes, how do you buy cigarettes?

K. Do you have cable TV? Yes No If yes, how do you pay for this service?

L. How do you get around?

If you own a car how are expenses (gas, oil, insurance, etc) paid?

M. Do you have payments on charge cards or charge accounts? Yes No
If yes, how are they paid? _____

N. Do you have medical expenses? Yes No If yes, how are they paid?

Additional comments:

Signature of Interviewer

Signature of Applicant/Resident

Date

Date





HOWARD COUNTY HOUSING COMMISSION
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

SURVIVAL STATEMENT

I certify that the information provided on this Survival Statement is correct to the best of my knowledge and belief and represents **all** income/benefits received and **all** expenses paid for each reporting month. I agree to report any changes in family composition, income and expenses immediately upon learning of the change. I understand that knowingly supplying false, incomplete or inaccurate information may result in repayment of any monies owed to the Housing Authority, termination of housing assistance or possible criminal prosecution.

Month of: _____

Today's Date: _____

Monthly Expenses	Amount	How Paid	Amount Paid
Rent			
Utilities			
Telephone			
Cable			
Food			
Clothing			
Travel (Bus/Taxi Cab)			
Personal Hygiene Items			
Car Loan Payments			
Gas			
Car Insurance			
Car Repair			
Life Insurance			
Loans/Credit Cards			
Other			
Other			

Head of Household's Signature

Adults' Signature (18 years or older)

Adults' Signature (18 years or older)

Adults' Signature (18 years or older)





HOWARD COUNTY HOUSING COMMISSION
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

ZERO INCOME STATEMENT

NAME: _____ DATE: _____

SSN: _____

This statement is to certify that I am not receiving income from any source;

- I am not employed through any private or public employer
- I am not receiving unemployment compensation benefits
- I am not receiving Social Security benefits or any type of annuity benefits
- I am not receiving monetary Public Assistance (TCA), Pension, or Veteran’s benefits
- I am on maternity leave with () without () pay. (Please check one)
- I am not receiving income from child support or alimony payments
- I understand **that I must report any changes** in my income status
- Money received from friends, relatives, etc., **is income** and must be reported. Obtain a notarized statement of any amount received.

This form must be NOTARIZED in order to be deemed valid.

Signed: _____
(Person with Zero Income)

NOTARY

Address: _____

