

**Dear Applicant/Participant:**

**Your household has reported no income. You are now required to complete the attached Zero income checklist and bring in a copy of your *prior year income tax statement*. If you did not file taxes last year you must fill out a 4506-T (Request for Transcript of Tax Return).**

**You should be aware that if upon completion of your checklist, your income remains at zero or we believe your income is under represented for your family size, you would be subject to an Income Interview with the Director.**



If persons not living in the household (parents, friends, etc.), give you recurring cash or items a **Gift Affidavit** must be filled out. This form must indicate the name or the person, the amount of money they give you monthly or the value of the gifts they give you, and must be signed and notarized.

**You should further be aware that if you continue to have no income you will be required to submit the zero-income checklist on a quarterly basis and will be subject to the Income Interview process quarterly.**

**Thank You,**

**Beloit Housing Authority Staff**

# ZERO INCOME QUESTIONNAIRE

Head of Household (Please Print): \_\_\_\_\_

Other family members over the age of 18 \_\_\_\_\_

Please answer Y (yes) or N (no) for each statement below.

Do **YOU OR ANY MEMBER (including minors)** of your household receive the following?

- Y    N    1. Income from employment.
- Y    N    2. Income from any self-employment venture such as, but no limited to, Mary Kay, Avon, Shaklee, Tupperware, Amway, or any sales or delivery ventures.
- Y    N    3. Income from Social Security, Public Assistance, Unemployment Compensation, Worker's Compensation, or any other agency.
- Y    N    4. Regular recurring gifts or monetary payments of **any kind** from any person or agency – **including relatives.**
- Y    N    5. Do you receive any payment for plasma or blood donations? How much monthly? \_\_\_\_\_
- Y    N    6. Income from **ANY** source.

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How will you pay for food and clothes? \_\_\_\_\_

How will you pay for cable, telephone, cell phone, or internet? \_\_\_\_\_

How will you pay transportation expenses such as car payment, insurance, gas, etc? \_\_\_\_\_

How will you pay for personal items such as soap, detergent, diapers, cigarettes? \_\_\_\_\_

How will you pay for rent and utilities? \_\_\_\_\_

**The Beloit Housing Authority has a \$50.00 a month minimum tenant contribution for rent and utilities.**

How will your family pay the \$50.00 a month minimum tenant payment?

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information will be considered fraud, and may result in any or all of the following penalties: Termination of rental assistance, removal from the waiting list, a requirement to repay funds paid on my behalf, and/or criminal penalties.

\_\_\_\_\_  
Signature of Tenant/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant/Applicant

\_\_\_\_\_  
Date

**Worksheet for Income from Contributions**

What is the family’s verified annual income? \$ \_\_\_\_\_

Enter the family’s annual expenses in the table below. (To computer annual expenses, multiply weekly average costs by 52 and monthly average cost by 12.)

<b>Type of Expense</b>	<b>Weekly Expenses</b>	<b>Monthly Expenses</b>	<b>Annual Expenses</b>	<b>Contributed Toward Expenses</b>
1. Food				
2. Cleaning, Grooming & Paper Products				
3. Transportation				
4. Entertainment				
5. Clothing				
6. Smoking				
7. Communications				
8. Shelter (Housing and Utilities)				
9. Pets				
10. Miscellaneous				
<b>TOTALS</b>				

Total all family expenses. The total contributions toward expenses must be added to report family income. Reported family income (including any excluded income) must at least equal total family expenses. If reported family income, including contributions to expenses, is less than total family expenses, some form of income, usually contributions, has been understated. Unless the family can verify additional excluded income, the contributions amount of total reported family income should be increased to at least equal total family expenses.

**I certify that the above information is true and correct. I am aware that if family and friends are giving me cash assistance, or are buying products, clothes and/or services for my family, that I must report this as income. I am also aware that failure to report household income is grounds for denial of my application. I have no objections to inquiries being made by the Beloit Housing Authority for the purpose of verifying the statements contained in this application. I understand that if I do not cooperate in helping verify my eligibility, my application may be denied or my assistance terminated.**

\_\_\_\_\_  
**Tenant/Applicant Signature** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Tenant/Applicant Signature** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Tenant/Applicant Signature** **Date** \_\_\_\_\_