

KENNER HOUSING AUTHORITY

Zero Income Determination Worksheet For HCV

Name: _____
Address: _____

Date: _____
SSN (last 4 digits) _____

This worksheet is to be completed for all Households who have declared **Total Household Income** to be \$0 per month. This form will be completed by the Head of Household (HOH) prior to admission, and approximately every 90 days thereafter until no longer applicable. In order to continue to receive Housing Assistance, you must answer all questions.

WARNING: 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 Agency of the U.S. or the Department of Housing and Urban Development.

NOTICE: Any attempt to obtain Assisted Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime and shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Note: according to HUD Regulation 24CFR5.609 (7): Periodic and determinable allowances such as alimony, child support, and regular contributions or gifts received from organizations or from persons not residing in the dwelling (household) are income.

#1 – Food Expenses

Do you or does anyone in your household receive Food Stamps? Yes No
If "Yes" to above, what is the monthly value of the food stamps? \$ _____
If "No" to above, how do you pay the monthly grocery bill? _____

If "No" to above, how much is the monthly grocery bill? \$ _____

#2 – Paper Products

What is the monthly value of paper products used by your household? (Include napkins, toilet paper, paper towels, trash bags, diapers and other paper goods.) \$ _____
How does your household pay for paper products? _____

#3 – Grooming Products

What is the monthly value of grooming products and services used by your household? (Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, etc.) \$ _____
How does your household pay for the cost of grooming products and services? _____

#4 – Cleaning Products

What is the monthly value of cleaning products used by your household? (Include dishwashing soap, laundry detergent, and household cleaning products.) \$ _____
How does your household pay for cleaning products? _____

#5 – Transportation Expenses

Do you, or does someone in your household, own an automobile? Yes No
If "Yes" to above, are there still payments due? Yes No
If yes, what is the monthly automobile payment? \$ _____
If "Yes" to above, what are the average monthly costs spent on the following:
Gas \$ _____ Maintenance \$ _____
Insurance \$ _____ Tires \$ _____
If "No" to above, how do you get around? _____

#6 – Entertainment Expenses

Does your household have a cable or satellite TV connection? Yes No
If "Yes" to above, what is the average monthly cost? \$ _____
If "Yes" to above, how does your household pay for cable / satellite TV service? _____

What are the monthly costs of the following types of entertainment for your household?

Magazines \$ _____	Movies \$ _____
Video Rentals \$ _____	Club Memberships \$ _____
Sporting Events \$ _____	Liquor/Beer/Wine \$ _____
Lottery tickets \$ _____	Vacations \$ _____

How does your household pay for other entertainment costs? _____

#7 – Clothing Expenses

What is the average monthly cost for clothing and shoes for the household? \$ _____
How does your household pay for clothing and shoes? _____

#8 – Smoking Expenses

Does anyone in the household smoke or chew tobacco? Yes No
If "Yes" to above, what is the average monthly cost? \$ _____
If "Yes" to above, how does your household pay for the cost? _____

#9 – Communication Expenses

Do you or anyone in your household have a telephone? Yes No
If "Yes" to above, what is the monthly cost of the telephone service? \$ _____
If "Yes" to above, how does your household pay for the cost? _____

Do you or anyone in your household have a cell phone? Yes No
If "Yes" to above, what is the monthly cost of the cell phone service? \$ _____
If "Yes" to above, how does your household pay for the cost? _____

Do you or anyone in your household have Internet service? Yes No
If "Yes" to above, what is the monthly cost of the Internet service? \$ _____
If "Yes" to above, how does your household pay for the cost? _____

#10 – Shelter Expenses

What is the average monthly cost for the following?

Electric \$ _____ Gas \$ _____ Water & Sewer \$ _____

How do you or members of your household pay the cost of the above? _____

#11 – Medical Expenses

Do you or any member of your household have any unreimbursed medical and/or prescription expenses? Yes No

If "Yes" to above, what is the average monthly cost? \$ _____

If "Yes" to above, how does your household pay for unreimbursed medical expenses? _____

#12 – Pet Expenses

Do you or does anyone in your household have a pet? Yes No

If "Yes" to above, list the monthly expenses for the following:

Pet Food \$ _____ Veterinary Care \$ _____ Pet Supplies \$ _____

If "Yes" to above, how do you and/or members of your household pay for pet expenses? _____

#13 – Miscellaneous Expenses

Listed below are a series of additional miscellaneous expenses your household might have. Indicate the monthly amount your household spends on any applicable expenses and the amounts contributed toward the expenses:

Church contributions \$ _____

Unreimbursed Educational Expenses \$ _____

Unreimbursed Childcare Expenses \$ _____

Unreimbursed Job Expenses \$ _____

I/WE:

... Certify that the statements on this form are true to the best of my/our knowledge and belief.

... Understand that it is my responsibility to report all changes to my household composition or income in writing to the Kenner Housing Authority within 30 calendar days of such change.

... Authorize the release of information to Kenner Housing Authority by my/our employer(s), the Department of Human Resources Administration, the Social Security Administration, and/or other businesses or government agencies to verify responses.

I/WE understand that any misrepresentation of information or failure to disclose information requested on this form may be grounds for termination of my Housing Choice Voucher assistance as permitted by Federal Regulations and/or State and local Law.

Head of household signature: _____

Date: _____