

## ZERO INCOME REPORTING FORM

All adult household members reporting zero income must complete this form on a *quarterly* basis.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ SS# \_\_\_\_\_

**Please answer the following questions honestly and completely.**

1. Is any member of the household receiving food stamps?  If, what is the value of the food stamps?	Yes or No
	Amount \$
2. What is your household's monthly grocery bill?	Amount \$
3. If there are additional groceries not covered by food stamps, how does your family pay for them?	
4. If someone other than a household member gives you cash for the groceries, who is it? Name: Address: Phone:	
5. What is the average cash monthly amount for groceries given to you?	Amount \$
6. Does anyone give groceries or prepared food to your family?	Yes or No
If yes, what is the approximate cost of the food/groceries?	Amount \$

1. What is the monthly estimated cost of paper products <i>used</i> by your family? <i>Include paper napkins, toilet paper, paper towels, trash bags, disposable diapers and other paper goods?</i>	Amount \$
2. How does your household pay for these products?	
3. If someone other than a household member providing paper products to your family, who is it? Name: Address: Phone:	
4. How much money does someone give your household to buy paper products on a monthly basis?	Amount \$
5. Does anyone provide paper products to your family?	Yes or No
If yes, what is the average monthly value of paper products provided to the family?	Amount \$

6. What is the monthly estimated cost of grooming products and services used by your household? <i>Include soap, deodorant, toothbrushes, dental floss, toothpaste, shampoo, hair color, beautician &amp; barber services, manicures</i>	Amount \$
7. How does your household pay for the cost of grooming products and services?	
8. If someone other than a family member of the household provides grooming products, who is it? Name: Address: Phone:	
9. What is the average monthly value of contributions ( <i>cash or products</i> ) this person provides for grooming products?	Amount \$
10. What is the monthly estimated cost of cleaning products used by your household? <i>Include dishwashing soap, laundry detergent, and household cleaning products.</i>	Amount \$
11. How does your household pay for cleaning products?	
12. If someone other than a member of the household provides cleaning products, who is it? Name: Address: Phone:	
13. What is the average monthly value of cash contributions given to your household for cleaning products?	Amount \$
14. Does anyone provide cleaning products to your household? If yes, what is the average monthly value of cleaning products provided to the family?	Yes or No Amount \$

1. Does your family own a car? ( <i>If no, skip to question #11</i> ) *If yes, are there still payments due on car? *If yes, what is the amount of the monthly car payment? *How does the family make the car payment?	Yes or No
	Yes or No
	Amount \$
2. If someone other than a member of the household makes the car payment, who is it? Name: Address: Phone:	
3. What is the monthly amount that the person listed above pays toward the car payment?	Amount \$

4. What is the average monthly cost for gas to operate your vehicle?	Amount \$
5. What is the average annual cost for maintenance on your vehicle?	Amount \$
6. What is the average annual cost of tires?	Amount \$
7. What is the average annual cost for insurance on this vehicle?	Amount \$
8. How does your household pay for the above auto-related expenses?	Amount \$
9. If someone other than a member of the household contributes to the car's operating cost, who is it? Name: Address: Phone:	Amount \$
10. What is the average monthly amount of cash or direct payment contribution to the car's operating costs?	Amount \$
11. If your household does not have a car, what do you use for transportation?	Amount \$
12. What is the average monthly transportation cost for your household?	Amount \$
13. How does your household pay for transportation?	Amount \$
14. If someone other than a member of the household contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation?	Amount \$

1. Does your family have cable TV or satellite connection? ( <i>If no, skip to question #6</i> )	Yes or No
2. What is the average monthly cost of cable TV/satellite service?	Amount \$
3. How does your household pay for the cable TV/satellite service?	Amount \$
4. If someone other than a member of your household pays for the cost of your cable TV/satellite service, who is it? Name: Address: Phone:	Amount \$
5. What is the average monthly payment ( <i>in cash or direct payment to the cable company</i> ) this person pays for your cable TV/satellite service?	Amount \$
6. What are the average monthly cost of other types of entertainment for your household? <i>Includes the following: magazines, movies, video rentals, club memberships, sporting events, lottery tickets, concerts, liquor/beer/wine, vacations, or other entertainment.</i>	Amount \$

7. How does your household pay for entertainment costs?	
8. If someone other than a member of your household contributes to the cost of other entertainment, who is it? Name: Address: Phone:	

1. What is the average monthly estimated cost for clothing and shoes for your family?	Amount \$
2. How does your family pay for clothes and shoes?	
3. If someone other than a member of the household contributes to the cost of clothing, who is it? Name: Address: Phone:	
4. What is the average monthly contribution ( <i>in cash or actual items</i> ) for clothing?	Amount \$

1 Does anyone in your household smoke cigarettes or cigars?	Yes or No
*if yes, how many packs per day are smoked by the smoker in the household?	Packs per Day__
2. How does your household pay for the cost of cigarettes/cigars?	
3. If someone other than a member of the household contributes to the cost of smoking, who is it? Name: Address: Phone:	
4. What is the average monthly contributions in cash, cigarettes, or cigars?	Amount \$

1 Does your family have a telephone?	Yes or No
*if yes, how many lines does the family have in the unit?	# of Lines
2. Does your family have any special telephone services? <i>For example, call waiting, call forwarding, caller ID, etc.</i>	Yes or No
3. Does anyone in your household have a cell phone?	Yes or No
4. What is the monthly cost for telephone service?	Amount \$

5. How does your household pay for the cost of telephone service?	
6. If someone other than a member of the household contributes to the cost of telephone service, who is it? Name: Address: Phone:	
7. What is the average monthly contribution ( <i>in cash or direct payment to the telephone company</i> ) this person provides for telephone service?	Amount \$
8. Does anyone in your household have a computer?	Yes or No
9. Does anyone in your household have internet connection? *If yes, who is the internet provider?	Yes or No
10. What is the monthly cost of the internet connection?	Amount \$
11. How does your household pay for internet connection?	
12. If someone other than a member of the household contributes to the cost of internet connection, who is it? Name: Address: Phone:	
13. What is the average monthly contribution ( <i>in cash or direct payment to internet provide</i> ) this person pays for internet services?	Amount \$

1. What is the average monthly cost for your housing?	Amount \$
For utilities?	Amount \$
2. How does your household pay for the cost of housing and utilities?	
3. If someone other than a member of the household makes a contribution toward housing and utility costs, who is it? Name: Address: Phone:	
How much does your household spend per year on the following expenses? Please include the following: Church contributions, unreimbursed education, child care, job, medical or pet expenses, or any other expenses not listed	Amount \$

I do hereby swear and attest that I currently have zero income and all the information provided on this form is true and correct. I understand that I am obligated to complete this form on a quarterly basis for as long as I do not have income and it is my responsibility to request this form from the Poinsett County Housing Authority. I **also understand that all changes in my income and the income of any** member of the household must be reported to the Poinsett County Housing Authority ~~in writing~~ within ten **(10) days of a change**. I must complete the Zero Income Form and provide documentation of all changes in income. I also acknowledge that the Poinsett County Housing Authority will contact the Department of Labor and Employment to verify my unemployment. Also, any addresses and phone numbers I provide on this document I give my permission for Release of Information to that individual (s).

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**Signature**

**Date**

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES.**