



ZERO INCOME REPORTING FORM

If your household is reporting zero income you must complete this form on an **annual** basis.

Name: _____ **Phone:** _____

Please check all forms of income/assets you currently have:

<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Wages \$ _____	<input type="checkbox"/> OAP \$ _____	<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Money from family/friends \$ _____
<input type="checkbox"/> SSDI \$ _____	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> VA \$ _____	<input type="checkbox"/> Trust Fund \$ _____	<input type="checkbox"/> Alimony \$ _____
<input type="checkbox"/> AND \$ _____	<input type="checkbox"/> TANF \$ _____	<input type="checkbox"/> Pension \$ _____	<input type="checkbox"/> Food Stamps \$ _____	<input type="checkbox"/> Other _____ \$ _____
<input type="checkbox"/> Savings Account Balance: \$ _____		<input type="checkbox"/> Checking Account Balance: \$ _____		

Please answer the following questions honestly and completely

Food Expenses	
1. Is any member of the household receiving food stamps? • If yes, what is the value of the food stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? • If yes, what is the approximate value of the food/ groceries?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____

Cleaning, Grooming and Paper Product Expenses	
1. What is the monthly value of paper products used by your family? <i>Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers.</i>	Amount: \$ _____
2. How does your household pay for these products?	

3. If someone other than a household member provides 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? • If yes, what is the average monthly value of paper products provided to the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
6. What is the monthly value of grooming products and services used by your household? <i>Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, manicures, etc.</i>	Amount: \$ _____
7. How does your household pay for the cost of grooming products and services?	
8. If someone other than a member of the household provides grooming products, who is it? Name: Address: Phone:	
9. What is the average monthly value of contributions (cash or products) this person provides for the grooming products?	Amount: \$ _____
10. What is the monthly value 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____
Transportation Expenses	
1. Does your family own a car? <i>(if no, skip to question #11)</i> • If yes, are there still payments due on the car? • If yes, what is the amount of the monthly car payment? • How does your family make the car payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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 for 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?	
9. If someone other than a member of the household contributes to the car's operating costs, who is it? Name: Address: Phone:	
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?	
12. What is the average monthly transportation costs for your household?	Amount: \$ _____
12. How does your household pay for transportation?	
13. 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: \$ _____
Entertainment Expenses	
1. Does your family have a cable TV or satellite connection? (if no, skip to question #6)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	
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:	
5. What is the average monthly payment (in cash or direct payment to the cable company) this person pays for your cable TV/satellite?	Amount: \$ _____

6. What are the average monthly costs of other types of entertainment for your household? Include the following:	
Magazines	Amount: \$ _____
Movies	Amount: \$ _____
Video Rentals	Amount: \$ _____
Club Memberships	Amount: \$ _____
Sporting Events	Amount: \$ _____
Lottery Tickets	Amount: \$ _____
Liquor/Beer/Wine	Amount: \$ _____
Vacations	Amount: \$ _____
Other entertainment	Amount: \$ _____
7. How does your household pay for the other entertainment costs?	
8. If someone other than a member of your household contributes to the cost of the other entertainment, who is it? Name: Address: Phone:	
Clothing Expenses	
1. What is the average monthly cost for clothing and shoes for your family? 2. How does your family pay for clothing and shoes?	Amount: \$ _____
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 (in cash or actual items) for clothing?	Amount: \$ _____
Smoking Expenses	
1. Does anyone in your household smoke cigarettes or cigars? • If yes, how many packs per day are smoked by the smokers in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of 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 contribution in cash, cigarettes, or cigars?	Amount: \$ _____

Communications Expenses	
1. Does your family have a telephone? • If yes, how many lines does the family have in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No # of lines _____
2. Does your family have any special telephone services? (<i>For example, call waiting, call forwarding, caller ID, etc</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does anyone in your household have a cell phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is the average 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does anyone in your household have an internet connection? • If yes, who is the internet provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No Service provider: _____
10. What is the monthly cost of the internet connection?	Amount: \$ _____
11. How does your household pay for the internet connection?	
12. If someone other than a member of the household contributes to the cost of the internet connection, who is it? Name: Address: Phone:	
13. What is the average monthly contribution (<i>in cash or direct payment to the internet provider</i>) this person pays for internet services?	Amount: \$ _____
Housing and Utility Expenses	
1. What is the average monthly cost for your housing? For utilities?	Amount: \$ _____ 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:	

Miscellaneous Expenses	
1. How much does your household spend per year on the following expenses?	
Church contributions	Amount: \$ _____
Unreimbursed educational expenses	Amount: \$ _____
Unreimbursed child care expenses	Amount: \$ _____
Unreimbursed job expenses	Amount: \$ _____
Unreimbursed medical expenses	Amount: \$ _____
Pets expenses	Amount: \$ _____
Other expenses	Amount: \$ _____

ZERO INCOME VERIFICATION

I do hereby swear and attest that I currently have zero income and all of the information provided on this form is true and correct. I understand that I am obligated to complete this form on a monthly basis for as long as I do not have income and it is my responsibility to request this form from my Residential Coordinator. **I also understand that all changes in my income and the income of any member of the household must be reported to my Residential Coordinator *in writing* within ten (10) days of the change.** I must complete the Family Reporting Form and provide documentation of all changes in income. I also acknowledge that DOH will contact the Department of Labor and Employment to verify my unemployment.

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.