



Zero Income Questionnaire

Name: _____ Last four of SSN: _____ Email address: _____

Please describe briefly how your household is meeting your basic daily/monthly needs by filling in **ALL** blanks on this form. **DO NOT leave any blanks.** If it does not apply write N/A in the space. Please answer questions honestly.

1. What is the amount you and/or your household receives each month to assist with daily personal needs (cash or bills paid) by family, friends or any other source: _____
Source(s) of assistance: _____
2. What is the amount you and/or your household receives on a regular or occasional basis from the following:
 - a) Child Support _____
 - b) Unemployment _____
 - c) SS and/or SSI _____
 - d) Gifts _____
 - e) Insurance Settlement _____
 - g) Family/Friends _____
 - h) Workman's Comp _____
 - i) TANF _____
 - j) Retirement/Pension _____
 - l) Other Source _____

List how you pay or will pay for the following:

1. RENT:

If you pay rent, source of funds used to pay rent: _____

2. TV/INTERNET:

Do you have streaming TV service (Netflix, Hulu, etc.) : _____ If yes, monthly cost: _____

Do you have Internet service: _____ If yes, monthly cost: _____

Source of funds to pay for TV/Internet: _____

3. PHONE:

Do you or anyone in your household have a home and/or cell phone: _____

If yes, monthly cost: _____ Source of funds used to pay phone bill(s): _____

Head of household current phone number: _____

4. FOOD:

Do you or anyone in your household receive SNAP benefits: _____

Source of funds to buy grocery items not covered by SNAP benefits: _____

5. PERSONAL HYGIENE:

How much does your household spend on personal hygiene products (soaps, deodorant, hair products, make-up, over-the-counter medication, etc.) per month: _____

Source of funds to buy for these items: _____

6. VEHICLE

Does anyone in the household have a vehicle: _____ If so, is there a car loan payment: _____

Monthly car loan payment amount: _____ Average spent on gas/upkeep per month: _____

Do you pay auto insurance: _____ Monthly payment amount: _____

Source of funds for any of these items listed above: _____

7. CIGARETTES/VAPE:

Do you or anyone in your household smoke/vape: _____ If so, monthly amount spent: _____

Source of funds for cigarettes/vape: _____

8. LAUNDRY/CLEANING SUPPLIES:

Do you use a laundromat or on-site laundry facilities: _____ If so, monthly amount spent: _____

Please list the average amount you or anyone in your household spends on household goods & cleaning supplies per month (toilet paper, paper towels, trash bags, laundry soap, etc): _____

Source of funds for laundry/cleaning supplies: _____

9. CHILDREN:

Are there children in the household: _____ If so, how many: _____

Do you or anyone in the household receive child support: _____ If so, monthly amount: _____

Do you or anyone in the household pay for daycare/preschool: _____

If so, monthly amount: _____ Is there state assistance (CCAP) to help pay: _____

Source of funds to pay the above items: _____

Do you or anyone in the household pay for diapers and/or other child needs: _____

Source of funds to pay for these items: _____

Do you pay for school related expenses (lunches, supplies, fees, etc.): _____

Source of funds to pay for these items: _____

10. CLOTHING, SHOES, ETC:

Please list the approximate amount you or anyone in your household spends on clothing, shoes, accessories, etc. per month: _____ Source of funds to pay for these items: _____

11. PETS:

Are there any pets in the household: _____ If so, monthly amount spent for pet food, veterinarian care, toys etc: _____ Source of funds for these expenses: _____

12. OTHER EXPENSES NOT LISTED ABOVE: (credit cards, medical expenses, loans, etc)

Are there any other expenses for this household: _____

Please list any other expenses: _____

Source of funds for these expenses: _____

I/we certify the above information to be correct and any misrepresentation of household income may result in termination of my/our assistance as permitted by Federal Regulations. I understand that I must complete this Questionnaire on at least an annual basis. I/we understand that, if I/we furnish false or incomplete information, it may result in a repayment agreement or termination from the rental assistance program.

Signature: _____ Date: _____