



Somersworth Housing Authority



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Zero Income Worksheet

Part 1- Food Expenses:

Do you or does anyone in your household receive Food Stamps? Yes No

- If 'Yes' what is the monthly amount received: \$ _____
- If "No" how do you pay your monthly grocery bill? _____

- IF someone other than you or a member of your household contribute to groceries, who contributes? _____
- What is your average cash monthly amount of groceries contributed from all sources (excluding food stamps) **(this amount is income)**: _____
- What is that average monthly value of groceries or prepared food contributed? **(this amount is income)**: \$ _____

NOTE: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meal programs does not count as income. Food or cash for food contributed by private persons does count as income.

Part 2- Paper Products:

What is the monthly value of paper products used by you or your household? (Include paper napkins, toilet paper, paper towels, trash bags, disposable diaper and other paper goods):\$ _____

- How do you, or a member of your household, pay for the cost of paper products?

- If someone other than you or a members of your household contribute to paper products, who contributes? _____

- What is your average cash monthly amount for paper products contributed from all sources **(this amount is income)**: \$ _____

Part 3- Grooming Products:

What is the monthly value of grooming products used by you or your household? (Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services, etc.):\$ _____

- How do you, or a member of your household, pay for the cost of grooming products and services? _____

- If someone other than you or a members of your household contribute to grooming products & services, who contributes? _____

- What is your average cash monthly amount for grooming products & services contributed from all sources **(this amount is income)**: \$ _____

Part 4- Cleaning Products:

What is the monthly value of cleaning products used by you or your household? (Include laundry detergent and household cleaning products):\$ _____

- How do you, or a member of your household, pay for the cost of cleaning products? _____

- If someone other than you or a members of your household contribute to paper products, who contributes? _____

- What is your average cash monthly amount for cleaning products contributed from all sources **(this amount is income)**: \$ _____

Part 5- Automobile Costs:

Do you, or does someone in your household, own an automobile? Yes No

- If 'Yes' to above, are there still payments due on the automobile? Yes No
 - If 'Yes', what is the amount of the monthly payment? \$ _____

- How do you, or a member of your household, pay the automobile payments?

- If someone other than you or a members of your household contribute to automobile payments, who contributes? _____
- What is the monthly amount of contribution toward the automobile payments? **(This amount is income.** The amount is income whether it is cash paid to you, a member of your household, or cash paid directly to the hold of the auto note or any intermediary.) \$ _____
- If you or members of your household own automobile(s), list the average monthly amounts you or your household pay for the following:
 - Gas \$ _____
 - Maintenance \$ _____
 - Insurance \$ _____
 - Tires \$ _____
- How do you or members of your hold pay for these auto-related expenses?

- If someone other than you or a member of your household contributes to automobile operating costs, who contributes? _____
- What is the average monthly amount of cash or direct payment contribution to the automobile's operating costs? **(This amount is income):** \$ _____
- If neither you nor any member of your household own an automobile, what do you or members of your household use for transportation? _____

- How do you or members of your household pay for this transportation?

- If someone other than you or a member of your household contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? **(This amount is income).** \$ _____

Part 6- Entertainment Expenses:

Does your household have a cable TV or Internet connection? Yes No

- If 'Yes' to above, what is the average monthly cost of cable/internet? \$ _____
- How do you, or a member of your household, pay for the cable/internet service?

- If someone other than you or a members of your household contribute to the cost of cable/internet, who contributes? _____
- What is your average cash monthly amount contribution (in cash or direct payment to the cable/internet company) for cable/internet? **(this amount is income):** \$ _____

Part 7- Clothing Expenses:

What are the ages and sexes of all household members (including yourself).

Name	Age	Sex	
		<input type="checkbox"/> M	<input type="checkbox"/> F
		<input type="checkbox"/> M	<input type="checkbox"/> F
		<input type="checkbox"/> M	<input type="checkbox"/> F
		<input type="checkbox"/> M	<input type="checkbox"/> F
		<input type="checkbox"/> M	<input type="checkbox"/> F

- What is the average monthly cost for clothing and shoes for the household? \$ _____
 - How do you, or a member of your household, pay for the cost clothing and shoes? _____
 - If someone other than you or a members of your household contribute to the cost of clothing and shoes, who contributes? _____
 - What is your average monthly contribution (in cash or new clothes/shoes) for clothing **(this amount is income):** \$ _____

Please Note: Clothing acquires from clothing banks, given to the family second hand, or given a gift during holidays or birthdays are not considered income.

Part 8- Communications Expenses:

Do you or anyone in your household have a cell phone? Yes No

- If 'Yes' to above, what is the average monthly bill? \$ _____

- How do you, or a member of your household, pay for communication expenses?

- If someone other than you or a members of your household contribute to the costs of communication, who contributes? _____
- What is your average monthly contribution (in cash or directly to the company) from all sources for communications **(this amount is income)**: \$ _____

Part 9- Pet Expenses:

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

- If 'Yes' to above, what is the average monthly expenses for:

Pet Food \$ _____

Veterinary Care \$ _____

Pet Supplies \$ _____

- How do you and/or members of your household pay for pet expenses?

- If someone other than you or a members of your household contribute toward pet expenses, who contributes? _____
- What is your average monthly contribution (in cash, services, products or pet food) for pet care expenses? **(this amount is income)**: \$ _____

By signing below you are certifying that all information provided is true and complete to the best of your knowledge.

Signature of Head of Household

Date

Signature of Co-Head or Spouse

Date

Signature of Other Adult

Date