

CERTIFICATION OF ZERO INCOME

Housing Choice Voucher Program

(to be completed every 60 days by all adult household members)

Household Name:	Social Security Number:

I hereby certify that I do not individually receive income from any of the following sources:

- 1] Employment wages including: Salary, overtime, commissions, tips, bonuses, fees.
- 2] Unemployment Compensation
- 3] Income from business operation: sales from self-employment resources.
- 4] Rental Income from real or personal property
- 5] Interest/dividends from assets; Savings/checking accounts, annuities, insurance policies, retirement funds, pensions or death benefits
- 6] Social Security (SS) and /or Supplemental Security Income (SSI) or SSDI benefits
- 7] Public assistance payments, TANF, FAP, APTD, NHEP State supplement General assistance (reoccurring)
- 8] Regular contributions/gifts received from person not living in the household
- 9] Alimony and/or Child Support payments.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The Undersigned further understand(s) that providing false representation herein constitutes an act of fraud. I understand that providing false, misleading or incomplete information may result in the termination of my housing assistance.

_____	_____	_____
Signature (Head of Household)	Print Name	Date

_____	_____	_____
Other Adult Member	Print Name	Date

Please list the payment source for the following expenses. **YOU MUST PROVIDE ONE MONTH'S RECEIPTS FOR EACH ITEM FOR WHICH YOU ANSWER "YES"**

EXPENSES	How are you paying? List source of funds/contributions	Address of Source	\$ Amount Paid
FOOD: Family's weekly grocery bill \$ _____ x 4 wks= _____ Do you receive food stamps? [] yes, Amount\$ _____ [] No			
COMMUNICATIONS Does anyone in your family have a telephone? [] Yes [] No Cell Phone [] Yes [] No Internet Connection [] Yes [] No			

ROCHESTER HOUSING AUTHORITY
77 Olde Farm Lane
Rochester, NH 03867
603-332-4126

EXPENSES	How are you paying? List source of funds/contributions	Address of Source	\$ Amount Paid
TRANSPORATION Bus Fares, Taxi Fares, Personal car expense: gas, insurance, maintenance, or tires. Does anyone in the family own a car? <input type="checkbox"/> YES <input type="checkbox"/> No If yes, are there monthly payments due on car? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how does your family pay the payments, gas, maintenance, insurance, tires?			
GROOMING Family's weekly paper product bill is: \$ _____ Family's weekly grooming bill is: \$ _____ (Includes soaps, deodorant, toothbrushes, toothpaste, cosmetics, hair products, barber, beautician services etc.) Families weekly cleaning products bill is \$ _____ (includes dish soap, laundry detergent, and other household cleaning products) Family's estimated monthly clothing & shoe costs are \$ _____ (includes clothing, shoes, laundry/dry cleaning).			
TOBACCO PRODUCTS Does any family member smoke/use tobacco products? <input type="checkbox"/> YES <input type="checkbox"/> NO (includes cigarettes, pipe, cigars, chewing tobacco etc.) Family's weekly tobacco bill is \$ _____			
ENTERTAINMENT Does your household have cable TV or dish satellite? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, does the household have basic cable or premium channels? <input type="checkbox"/> Basic <input type="checkbox"/> Premium Family's average monthly cost for cable/satellite TV service is \$ _____ What is the average weekly costs of the following Magazines \$ _____ Movies/Rentals \$ _____ Club Memberships \$ _____			
MEDICAL EXPENSES Does any household member have any medical unreimbursed medical expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what are the monthly average costs for these expenses? \$ _____			
PETS I have # _____ pets. Answer 'O' for none. If you have pets how do you pay your landlord for the pet fees? How do you pay for care, licensing and food for your pet?			
OTHER EXPENSES Please list and detail			