**This form *must be completed* when applicant and/or household member is claiming zero income from any source.**

Person claiming zero income:

Person claiming zero income: \_\_\_\_\_ **Head of Household** \_\_\_\_\_ **Household Member**

Address of person claiming zero income:

01. Date of last income that you have received:

02. What was the amount of last income:

 Can you provide proof of last income: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

03. Has income ended due to medical leave, or currently under a doctor’s care, due to having

 tested positive for COVID-19? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 **(If “Yes”, please answer the following questions)**

How long will you be on medical leave or restricted from working?

Will you be returning to work, once medical leave ends? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

**(If “No”, please explain why below)**

Reason not returning to work:

If Person checked **“Yes”** what is your estimated return to work date?

Name, address, and phone number of current treating physician that has placed you on your current medical leave:

04. If loss of income is **NOT** medically related to having/had COVID-19, has income ceased due to COVID-19 Pandemic? Please explain in detail:

05. Did you receive Severance Pay when your income ended? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

If “**Yes**”, what date did you receive Severance Pay?

How much were you paid in Severance Pay?

06. Have you applied for Unemployment Benefits? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 If “**Yes**”, what date did you apply for your UE Benefits?

 Were you approved or denied? \_\_\_ Approved \_ \_ Denied

 If **“Denied”,** have you filed for an appeal of the decision? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 Has a hearing for your appeal been set? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 If “**Yes**”, when is the date set for your appeal?

 If **“Approved”,** what date did you first start receiving your UE Benefits?

 How much have you been approved for?

How often ?

 How long are you expected to receive your benefit amount?

07. Do you currently receive Workman’s Compensation wage benefits “TTD” (Temporary Total

 Disability) or “PTD” (Permanent Total Disability? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 If “**Yes**”, Which are you currently receiving? \_\_\_\_\_\_\_TTD \_\_\_\_\_\_PPD

 How much are you receiving, at this time?

 How often do you receive these wage benefits?

 When do you expect to stop receiving these benefits?

08. Do you currently receive, or have you recently, Short Term Medical Financial Benefits or

 Long-Term Medical Financial Benefits? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 If “**Yes**”, which are you receiving? \_\_ \_ Short Term \_\_\_\_\_\_\_Long Term

 How often do you receive these payments?

 How long do you anticipate receiving these benefits?

 How much are you receiving at this time?

09. Do you receive Tribal Per Capita payment? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 If “**Yes**”, which Tribe do you receive Per Capita from?

 When was the last time that you received payment?

 How much was your payment?

10. Do you receive Osage Headright payment? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 If “**Yes**”, how much were your payments for the following quarterly payments;

 December, 2020

 March, 2021

 June, 2021

 September, 2021

11. Do you anticipate receiving any income over the next 6-12 months? \_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 If “**Yes**” how much do you estimate receiving?

 What will be your source of this income?

12. Do you have a court order in place to receive child support? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 Are you receiving those payments regularly? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_ No

 How much are your court ordered to receive monthly?

13. What cash payments have you received for odd jobs or side jobs, for the year 2021?

 January $ Source:

 February $ Source:

 March $ Source:

 April $ Source:

 May $ Source:

 June $ Source:

 July $ Source:

 August $ Source:

 September $ Source:

13. What cash payments have you received for odd jobs or side jobs, for the year 2021? (cont.)

October $ Source:

 November $ Source:

 December $ Source:

14. Please explain how you are paying your current household costs, for the past 60 days:

|  |  |  |
| --- | --- | --- |
| **Household Costs** | **Monthly Bill Amount** | **Explanation of Payment****(Who or How are these costs paid?)** |
| **Rent** |  |  |
| **Electricity, Water, Sewage, Trash** |  |  |
| **Natural Gas/Propane** |  |  |
| **Groceries** |  |  |
| **Phone** |  |  |
| **Internet/Broadband** |  |  |
| **Vehicle Payment** |  |  |
| **Vehicle Insurance** |  |  |
| **Gasoline and Maintenance for vehicle** |  |  |
| **Cable/Satellite Television** |  |  |
| **Household Items –** **(Cleaning supplies, trash bags, laundry soap, etc.)** |  |  |
| **Hygiene Products –** **(Soap, shampoo, deodorant, toilet paper, diapers, etc.)** |  |  |
| **Other (Pet food, tobacco, alcohol, casino, etc.)** |  |  |

**CERTIFICATION STATEMENT**

I certify that everything I have stated on this questionnaire to be true and factual. I certify that I have received no other income during the last **sixty (60) days**, or the income that I have stated in the questionnaire is the only financial resources that I am receiving. I understand that if further documented information is needed it my responsibility to obtain those documents and provide those documents to the Pawnee Nation Housing Department ERA Program for their evaluation to verify zero income and duration of zero income. I understand that, if it is proven that I have intentionally falsified my statement of “**no income**”, not only will I be liable for **one hundred percent (100%)** of the full value of any assistance received through this program, but I will also be liable to pay back those assistance funds in full within thirty (30) calendar days of notification. Any false, misleading, or incomplete information will also result in the **denial of any and all future services** for all adult members of this household who are listed on my original PNHA ERAP application, from any and all programs governed under the Pawnee Nation Housing Authority of Oklahoma.

Printed Name

Signature Date